

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

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Edited by

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American Medical Editors' and Authors' Assn.

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ADMINISTRATION

Henry Hanson, M. D., State Health Officer

THE BUDGET

In response to a notification from the State Comptroller the State Board of Health has held two meetings for consideration of the budget of the State Health Department. The Board finds some difficulties in drawing up a budget which will effectively serve the needs of the state and at the same time operate on a reduced income. The new budget as presented to the Budget Commission shows the appropriation authorized by the last Legislature which was a 12½% reduction on what the Budget Commission recommended in 1931, which was later modified to conform with the available state revenue. The modified budget represented a further cut of approximately 20% below what was authorized by the Legislature in 1931, amounting to a 30% cut of the amount recommended by the Cabinet.

In order to meet this second cut, as Health Notes has stated before, it was found necessary to suspend a portion of the activities. The major activity suspended was the Bureau of Child Hygiene and a portion of the Public Health Nursing. The Board has operated for one year on this basis and finds it very difficult to provide the necessary health protection in the rural communities and the smaller towns without the public health nursing service. The gaps created in such a program are especially those relating to maternity and infancy where the health officer's instructions and educational propaganda must be carried out by the public health nurse. By virtue of her training she is the person best adapted for going into a home, teaching home hygiene and the care of mothers and infants, besides other phases of communicable disease control. It is therefore the hope of the Board that the Budget Commission and the next Legislature can find the means of permitting the Board to reestablish the nursing service which is so urgently needed.

The present program of the Florida State Board of Health, aside from the one just mentioned, is the most advanced it has had at any time in its history and it is believed to be somewhat in advance of that of the other southern states, especially insofar as malaria and hookworm disease are concerned. Although it may seem a rather frequent repetition it is nevertheless a fact that hookworm disease and malaria are the most serious handicaps to the greater part of

ADMINISTRATION

Florida's population. This work of hookworm and malaria control must be kept up.

The State is exceedingly fortunate and, we believe, appreciates the fact that it has the benefit of the advice of leading experts in the United States in the attack it is making on the problem of malaria control. Health Notes has announced, and so has the public press, the fact that we have a Division of Malaria Research, financed by the Rockefeller Foundation, a Division of Malaria Control Studies, financed by the United States Public Health Service and in addition the consultant services of the leading malariologist of the Bureau of Entomology of the United States Department of Agriculture. The actual expenditures for these three branches in the State of Florida relating directly to malaria investigation and control amounts to approximately \$50,000.00 a year. It is hoped that the Legislature may find some funds to permit the State Board of Health to cooperate more fully with these research divisions in applying in a practical way the important information which is resulting from their labors. This will not require any great outlay but it will mean the allotment of a few thousand dollars in addition to what has been available in the past budget. The Board feels that this is entirely consistent with economy and the best interest of the State.

The advertising value to the State of Florida from the services which have been mentioned above is worth a great deal. The work which is being done in these divisions has attracted the attention of experts working along similar lines in many other countries. Within the last few months there have been visitors to our Research Station from the Philippine Islands, from the Canal Zone, from France and from other places in the Tropics.

We are making a frank statement of these matters that the public may know for what purpose some of the funds appropriated are spent. We are not advertising through these activities that the State is any more unhealthful than other southern states but we do advertise that we are making a greater effort to keep the state healthful for visitors and future citizens which in turn will bring about better economic conditions as the health conditions improve. A sickly population not only is non-productive but becomes an expense to the state. The aim of the Board of Health is to convert the sick from being leaners to self-sustaining productive citizens. To accomplish this it will be necessary to make some investment for that purpose.

ADMINISTRATION

The State Board of Health is much gratified in receiving the following letter and resolution from the Pensacola Chamber of Commerce.

Dr. Henry Hanson,
State Health Officer,
Jacksonville, Fla.

Dear Sir:

For your information we are enclosing copy of a resolution unanimously adopted by our Board of Directors at a meeting this morning.

Yours very truly,

(Signed) P. W. Reed,
Secretary-Manager.

Whereas, among the prominent activities of the Chamber of Commerce are the seeking of new industries, new businesses and permanent residents and the entertainment of tourists; and

Whereas, the general health conditions of the community represent one of the major considerations of anyone seeking a new location; and

Whereas, the general health conditions of Pensacola have been materially improved during the nine months' operation of the Escambia County Health Unit; and

Whereas, the work of the Escambia County Health Unit has received the hearty endorsement of the Escambia County Medical Society;

Therefore Be It Resolved, That the Board of Directors of the Pensacola Chamber of Commerce at their regular meeting on December 20th, 1932, unanimously endorse the work of the Escambia County Health Unit and earnestly request that this work may be permitted to continue without interruption; and

Be It Further Resolved, That copies of these resolutions be sent to the City Manager, the Board of County Commissioners, the State Board of Health, the United States Public Health Service and to our local newspapers.

MALARIA CONTROL STUDIES

T. H. D. Griffiths, M. D., Director

TOLERANCE?

The first letter opened in my morning's mail is one from the Superintendent of Public Instruction in an East Coast county, and from the first paragraph I quote: "I am informed that you will upon request make a blood index survey for malaria in this county. We should very much appreciate having such a survey made as soon as convenient after the first of the year." This educator, along with others in Florida, correctly interprets the program of the State Board of Health in its activities against malaria.

According to reported deaths from malaria in Florida for the five year period of 1926-1930, the greatest prevalence of this disease is limited to an area, the easterly boundary of which is a line drawn diagonally across the State from Jacksonville to Tampa, with the westerly boundary approximating the Choctawhatchee River. In this area are seven counties which had a reported death rate of over 100 per 100,000 population. These counties and the average five year rates are Citrus (105.9), Levy (124.9), Dixie (200.8), Gilchrist (108.1), Madison (116.5), Jefferson (112.2), and Wakulla (106.3).

In September, 1932, the State Board of Health in cooperation with the United States Public Health Service began a malaria survey which is intended to cover all of the counties in the State in which malaria may be a major health and economic problem. The program contemplates (a) a blood index of all the public school children in each county, (b) a county-wide *Anopheles* mosquito index in each county, (c) record of surveys and preparation of spot maps. To the present time blood specimens have been taken from all available pupils in the public schools in Bradford, Citrus, Levy, Dixie and Gilchrist counties.

If the reader never has engaged in a health survey in rural schools he has missed something of inspiration, of surprise, of admiration, of pity, of sorrow, of hope, of ambition—of tolerance. And upon the latter let us dwell for a moment. So far, in the examination of blood for malaria parasites in rural (and town) school children, it is shown that schools in some parts of some counties are free from malaria, while in other sections as high as 30 to 40 per cent of the pupils are infected with malaria. In some of the rural schools visited the medical officer can see "Malaria" or "Hookworm" written on the faces, in the demeanor, of the children. Repeatedly the pale, listless, innocently devitalized child had to be supported in line to offer a drop of nearly milk-white blood for the test. Many rural school children in many communities of our glorious and glorified state are spending "youth, life's happiest period," in a state of ill-health—sick and don't know it. Is there a tolerance for such condition? There should not be; there must not be.

MALARIA CONTROL STUDIES

It is the purpose of the State Board of Health to continue the program of surveys in Florida and apply the acquired knowledge to the counties and communities, so that ultimately no man, woman or child in the state will tolerate inaction against this preventable, energy-devastating disease, a deadly parallel to our flowers and sunshine.

School authorities from the superintendents down are cooperating wholeheartedly; almost without exception parents and children have readily responded. Control of malaria, as well as other communicable diseases, is a function of local government supported by the citizens. Through the intelligent and active interest of the school superintendents, principals and teachers, the homes that are being raided by the Anopheles, will be reached, the sermon of malaria transmission will be preached, and we are confident the prevention of malaria, hookworm disease and other communicable diseases will become an integral part of county government and community life. It's just an "intolerable" something that must not be tolerated.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

COMMUNICABLE DISEASE CONTROL

I Resolve

Whereas the blessing of good health has been mine to enjoy through the years that are gone and

Whereas there are many who are ill by reason of inadequate diet, lack of exercise, bad ventilation, exposure to infection, insanitation, excessive temperatures, overwork and many other well known health hazards, therefore

Be It Resolved by me in the solitary confines of my study that, so far as my physical strength and intelligence permit, I will, during 1933 do everything that I can to promote health among the people of Florida.

Prevention of infectious diseases is the first function of this bureau and will be so regarded in the future as in the past. Every effort will be made to see that all persons, sick or well, with harmful germs about their persons shall not scatter them or endanger the lives and health of others. Every effort will be made to get individuals permanently protected from certain diseases by active immunity. To accomplish much along this line we shall have to depend on initiative and cooperation—initiative on the part of the public and cooperation from the public and the doctors. You know doctors

BUREAU OF COMMUNICABLE DISEASES

are loath to go about advising people what to do for their health. They might be suspected of doing this for selfish motives. The most that the health department can do is preach prevention of every sort, isolate communicable disease patients as well as possible and promote inoculations by publicity and furnishing materials. If the people fail to respond the loss will fall on those who do not heed.

Economy

It is claimed that the need for prevention is increased in time of financial stress. Certain it is that the burden of sickness falls heavily enough on everybody but particularly on the poor who refuse to seek or cannot get medical service for which they cannot pay.

There are many protective steps that can be taken at very low cost of either time or money. The cost of inoculation is trifling compared to the cost of sickness. Sanitation is cheaper than typhoid or even hookworm disease. Personal hygiene will help to prevent contagion and is much cheaper. Pellagra is more expensive than the foods that prevent it and rickets may impose on a child a heavy penalty which could be avoided by judicious exposure to free Florida sunshine.

The greatest tragedy and heartache lies in the fact that little babies, school children, lads and lassies in their teens are stunted, retarded, saddened, even killed by diseases that could be readily prevented but for selfishness, indifference or ignorance in their elders.

A TRIBUTE

Many times each year we pause in respect and admiration for the men and women who have made contributions to public health. At the beginning of this new year it is well that all the readers of Health Notes should remember the debt they owe these noble people. The list of these benefactors and of their deeds is too long to record here but to realize somewhat the stupendous value of their work we have but to contemplate the status of medical science and public health service a century ago as compared with the present. Surely none would wish to see the return of those former days.

CORRECT REPORTING

The importance of completeness and accuracy in reporting notifiable diseases and stating causes of death cannot be overestimated. This is a matter of great concern, not alone to the health department but to everyone—the physician, the family, the community. Inaccuracy may be productive of serious harm. Suppression of facts is apt to discredit a community. The stories that spread by rumor are almost always much more damaging than the facts could be and if

BUREAU OF COMMUNICABLE DISEASES

the truth is suppressed the proper safety measures are apt to be dangerously delayed. Neither the health department nor the public can act properly. Why, suppose your neighbor's house was on fire, smoke pouring from every opening. Would he walk about the yard, hands in pockets, saying "It is nothing, wife just lighted a match"? Would you like it if he did that? Rather, a hurry call would be made to the fire department. The neighbors would join in extinguishing the blaze just to protect their own homes.

The health department is to contagion what the fire department is to a fire. First the alarm must be sounded, then the department hastens to the scene and with the cooperation of the neighbors ends the danger. Cooperation may be only passive—keeping out of the way.

RADIO AIDS THIEVES

It is reported that a thief placed a ladder against the house, crashed the bedroom window, crawled boldly in and made away with a lady's engagement ring and other jewelry worth \$4,000.00. A loud radio drowned the noises and prevented detection until too late.

A much greater crime is committed when death stalks in and takes the life of an innocent child by a communicable disease that could be prevented or cured and the parents fail to recognize the danger in time because they are listening to the blatant assertions of a fake patent medicine maker or the claims of those fakers who offer to cure by incantation or some equally absurd procedure.

BUREAU OF LABORATORIES

Paul Eaton, M. D., D. P. H., Director

ASTHMA

Soon after the discovery of the diphtheria bacillus, it was found that while the poison generated by this organism was capable of killing laboratory animals, a dosage could be found that would not kill and it was further found that an animal which had survived a small dose, would at a later time be found able to withstand a dose that would have killed it had it not been for the previous small dose. By gradually increasing the dosage of diphtheria poison the test animal might be brought to a point where it could withstand a dose many thousand times as large as the smallest dose which would have killed it when the experiment began. This was not exactly unexpected for it had been observed for centuries that human beings who recov-

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ered from certain diseases were very unlikely to suffer again from these same diseases.

It was therefore undertaken about 1893 to prepare a medicine for diphtheria out of the blood serum of animals thus artificially immunized against this disease. On account of their size and tractability horses were chosen.

In 1895 the two-year-old son of Prof. Langerhans, a German pathologist, received an injection of diphtheria antitoxin and died in about ten minutes.

In 1923 Lamson was able to collect from the literature, not less than thirty-five other cases of death following the injection of therapeutic antisera. Probably many other accidents of this kind have happened but were not reported.

Considering the millions of such treatments that have been given, the accident rate is very small but many other reactions of all grades of severity and unpleasantness have been observed in the intervening years and much study has been devoted to the subject. At first it was thought that there must be some connection between the specific treatment which had been administered to the animal furnishing the serum involved and the unfortunate reaction in the patient. But it was soon shown that this was not the case. The unpleasant nature of the reaction was due solely to the fact that a foreign protein had been introduced into the patient's body.

And it was early noted that all of the fatal and most of the merely unpleasant or alarming reactions were characterized by a common feature. They all involved some respiratory embarrassment resembling an asthmatic attack of greater or less severity.

To make a long story short, it has been found that "essential" asthma, that is to say, asthma for which no other rational explanation may be found is due almost always to a protein sensitiveness of some kind, an anaphylactic reaction. This does not mean that every asthmatic has had a hypodermic injection of some foreign protein, animal or vegetable. But there are other ways of getting foreign protein into the body. It may be absorbed through the skin or through the mucous membranes of the nasal passages. It may get in through an abrasion of the mucous membrane of the alimentary tract. The patient may have been born with the sensitiveness so far as we know because there is still much to learn about asthma.

The dangerous and sometimes fatal reactions to which I have referred may be prevented by the subcutaneous injection of an extract of the adrenal bodies called epinephrin. This substance was first introduced into medical use in 1901, under the name of Adrenalin. Its ability to prevent or relieve anaphylactic shock was discovered many years later.

BUREAU OF LABORATORIES

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH
DURING THE MONTH OF NOVEMBER, 1932

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1961	616	238	449	757	4021
Diphtheria	3562	1123	88	1286	79	6138
Typhoid	374	131	15	27	19	566
Malaria	371	138	19	16	157	701
Rabies	13	3		2		18
Tuberculosis	129	70	9	57	11	276
Gonorrhea	549	184	38	70	24	865
Kahn	3504	1820	153	829	180	6486
Water		31		255		286
Milk	381	353	463	451	15	1663
Miscellaneous	158	18	2	128	2	308
	<u>11002</u>	<u>4487</u>	<u>1025</u>	<u>3570</u>	<u>1244</u>	<u>21328</u>
Specimen Containers Distributed						13083

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin.....	10,000 units	135 Packages
	5,000 units	47 Packages
Toxin Antitoxin.....		4,620 C. C.
Schick.....		4,530 Tests
Toxoid.....		6,368 C. C.
Tetanus Antitoxin.....	1,500 units	2 Packages
Typhoid Vaccine.....		2,097 Treatments
Vaccine Virus.....		1,540 Capillaries
Antirabic Virus.....		22 Treatments
Carbon Tetrachloride.....		1,953 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

TYPHOID



Provisional figures on deaths from typhoid fever in Florida for the first eleven months of last year as compared with the previous year show a decided decrease; there being 78 deaths for the first eleven months of 1932 as compared with 84 for the same period of the previous year. It, therefore, appears safe to forecast that the number of deaths from this disease when the December returns have been received will be less than for the previous year. While this appears to be a good showing in the control of typhoid fever, we must not overlook the fact that only 72 deaths from this cause were recorded during the year 1930. The number of deaths from typhoid fever in Florida has been below 84 since 1928 and when compared with previous years, is a splendid record. Between 1917 and 1928 the number of deaths varied from 121 to 255.

Typhoid Deaths by Months, Florida, 1931-1932.

YEAR	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Total	Dec.	Total
1932	14	6	8	5	10	9	7	4	5	7	3	78		
1931	6	13	6	6	5	12	15	7	7	3	4	84	3	87

MALARIA

More deaths from malaria were recorded during the first eleven months last year than for the entire twelve months of the previous year. 1931, however, was a record year with 205 deaths representing the lowest figure since 1917. The highest record in Florida for deaths from malaria was during the year 1929 when 470 deaths were recorded.

Malaria Deaths by Months, Florida, 1931-1932.

YEAR	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Total	Dec.	Total
1932	13	13	13	17	8	22	22	19	24	27	32	210		
1931	11	8	11	15	18	16	19	19	26	22	25	190	15	205

BUREAU OF VITAL STATISTICS

DIPHTHERIA

During the first eleven months of 1932, there was a total of 79 deaths charged to diphtheria. This total exceeds that of the entire previous year when 74 deaths from this disease were recorded. The record year for diphtheria was in 1919 when only 57 deaths were charged to this disease. The greatest number of deaths occurring from diphtheria was in 1926 with a total of 123. Provisional figures of deaths from diphtheria last year indicate that the average is above that of recent years and presents a problem that should be taken seriously by those who are responsible for the control of this disease.

Diphtheria Deaths by Months, Florida, 1931-1932.

YEAR	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Total	Dec.	Total
1932	11	9	11	5	3	2	5	4	3	16	10	79		
1931	7	6	8	2	1	3	1	3	6	17	13	67	7	74

TUBERCULOSIS

The first eleven months last year show a total of 994 deaths from tuberculosis (all forms) as compared with 982 for the same period of the previous year. There appears to be an increase in the number of deaths from tuberculosis in Florida. The increase, however, is reasonably small. The greatest number of deaths from this disease was recorded in 1926 when 1187 deaths occurred. The record year in Florida was in 1921 when only 951 deaths were recorded.

Tuberculosis (all forms) Deaths by Months, Florida, 1931-1932

YEAR	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Total	Dec.	Total
1932	103	65	115	103	92	106	95	80	78	90	67	994		
1931	85	101	87	102	83	94	93	80	82	88	87	982	85	1067

PELLAGRA

The first eleven months last year show 186 deaths from pellagra as compared with 206 for the same period of the previous year. It appears safe to assume that there will not be as many deaths in 1932 from this disease as for the previous year and the total will undoubtedly

BUREAU OF VITAL STATISTICS

ly be less than that of the previous five-year average. The greatest number of deaths from this disease in any one year in Florida was for 1929 when a total of 313 deaths were recorded.

Pellagra Deaths by Months, Florida, 1931-1932

YEAR	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Total	Dec.	Total
1932	10	15	13	16	13	20	22	22	16	16	23	186		
1931	21	18	18	18	25	26	18	22	12	13	15	206	14	220

INFLUENZA

There were 371 deaths from influenza recorded for the first eleven months of 1932 as compared with 581 deaths for the same period of the previous year. The first few months of 1931 show a much higher mortality from this disease than for the first few months of last year. Beginning with June of 1932, however, more deaths occurred up to and including November than for the same period of 1931. It is unlikely that the December returns from this disease will materially affect the total for the year and, therefore, we feel safe in assuming that there will be fewer deaths from influenza recorded for last year than for the previous year.

Influenza Deaths by Months, Florida, 1931-1932.

YEAR	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Total	Dec.	Total
1932	37	52	61	79	42	16	16	18	10	20	20	371		
1931	76	158	147	96	43	14	7	7	7	8	18	581	26	607

PNEUMONIA

The first eleven months of last year show 738 deaths charged to pneumonia (all forms) as compared with a total of 799 for the same period of the previous year. Provisional figures indicate that fewer deaths from this cause will be recorded for 1932 than for any year since 1923.

Pneumonia (all forms) Deaths by Months, Florida, 1931-1932.

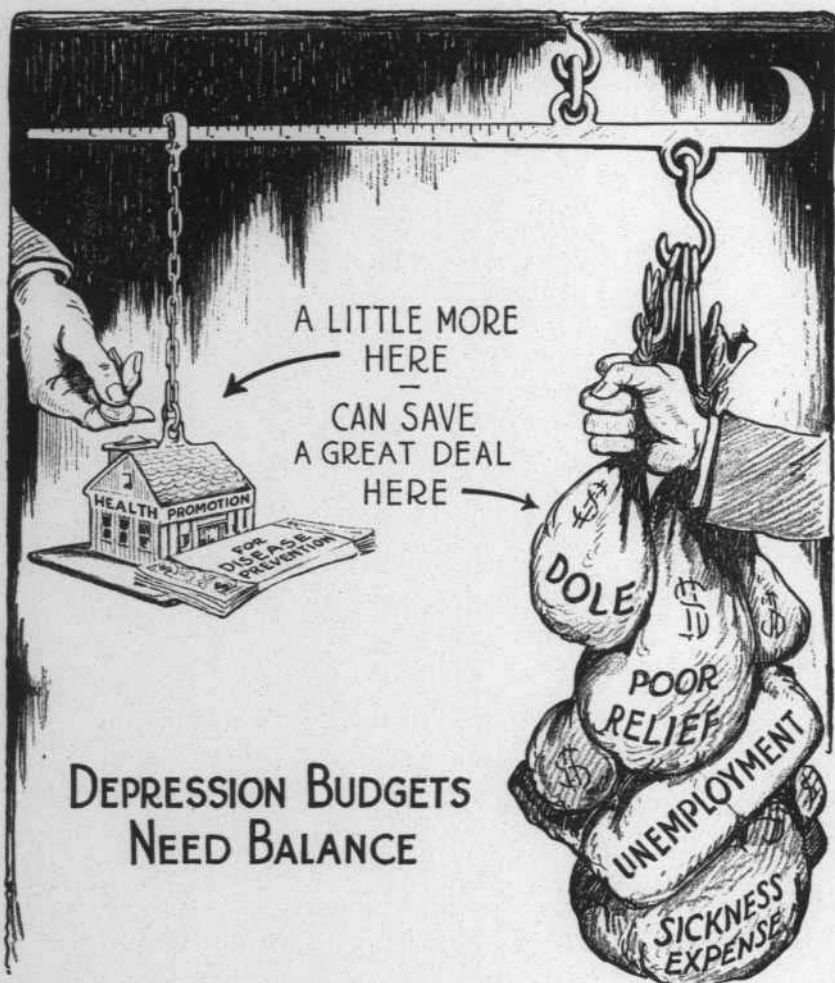
YEAR	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Total	Dec.	Total
1932	100	83	134	99	57	37	38	37	40	49	64	738		
1931	142	127	102	85	46	45	35	42	37	52	86	799	64	863

BUREAU OF VITAL STATISTICS

PROVISIONAL MORTALITY FOR OCTOBER, 1932*
AS COMPARED WITH SAME PERIOD PREVIOUS YEAR

Inter- national List No. (1929)	FLORIDA	NUMBER OF DEATHS					
		October 1932*			October 1931		
		Total	Wh.	Col.	Total	Wh.	Col.
GENERAL MORTALITY (ALL AGES)							
1-214	ALL CAUSES.....	1432	864	568	1391	805	586
1-2	Typhoid.....	6	0	6	3	1	2
6	Smallpox.....	0	0	0	0	0	0
7	Measles.....	0	0	0	0	0	0
8	Scarlet fever.....	0	0	0	0	0	0
9	Whooping cough.....	0	0	0	1	0	1
10	Diphtheria.....	15	13	2	17	14	3
11	Influenza.....	20	7	13	8	4	4
16	Acute Poliomyelitis and Acute Polioencephalitis.....	0	0	0	1	1	0
17	Lethargic Encephalitis.....	0	0	0	0	0	0
18	Epidemic Cerebrospinal Meningitis.....	0	0	0	1	1	0
23- 32	Tuberculosis—all forms.....	85	37	48	88	29	59
38	Malaria.....	27	17	10	22	13	9
45- 53	Cancer—all forms.....	102	82	20	93	73	20
59	Diabetes mellitus.....	22	17	5	18	14	4
62	Pellagra.....	16	4	12	13	3	10
78- 89	Diseases of the nervous system.....	144	88	56	135	67	68
82	Cerebral Hemorrhage, Cerebral Embolism and Thrombosis.....	119	71	48	114	53	61
90-103	Diseases of the circulatory system.....	271	185	86	206	120	86
90- 95	Diseases of the heart.....	255	175	80	186	108	78
104-114	Diseases of the respiratory system.....	63	29	34	76	47	29
107-109	Pneumonia—all forms.....	47	23	24	52	33	19
115-129	Diseases of the digestive system.....	100	65	35	116	70	46
119	Diarrhea and enteritis (under 2 years).....	12	9	3	20	13	7
130-139	Nonvenereal diseases genitourinary system.....	165	105	60	163	96	67
130-132	Nephritis—all forms.....	142	91	51	133	77	56
140-150	Diseases of Pregnancy, Childbirth and the Puerperal state.....	26	14	12	26	18	8
210	Automobile accidents.....	31	20	11	37	31	6
INFANT MORTALITY							
Number of LIVE BIRTHS.....		2459	1678	781	2604	1868	736
Number of STILLBIRTHS.....		138	65	73	160	66	94
Number of DEATHS under 1 year (all causes).....		119	63	56	167	102	65
By cause: (deaths under 1 year)							
1-44, exc. 11, 23, 32a	Infectious diseases.....	6	2	4	10	5	5
11, 23, 32a, 104-114	Respiratory diseases.....	6	3	3	20	12	8
118, 119	Gastro-intestinal diseases.....	11	7	4	14	9	5
157-161	Malformations & early inf.....	60	40	20	99	65	34
159	Premature birth.....	39	25	14	54	36	18
160	Injury at birth.....	8	8	0	7	6	1

* Includes delayed certificates.



HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

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FEBRUARY, 1933

No. 2

Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

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Also Executive Officer and Secretary of Board

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Edward M. L'Engle, M. D.
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STATE HEALTH OFFICER

Also Executive Officer and Secretary of Board
Henry Hanson, M. D.

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*Vital Statistics.....	Stewart G. Thompson, D. P. H.
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Engineering.....	Louva G. Lenert
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West Palm Beach.....	C. W. Pease, M. D.

TUBERCULOSIS AND EPIDEMIOLOGY

Jacksonville.....	W. A. Claxton, M. D.
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Orlando.....	Russell Broughman
Tallahassee.....	C. N. Hobbs
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MILK AND DAIRY SPECIALIST

Jacksonville.....	S. D. Macready
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Jacksonville.....	Joyce Ely, R. N. (On study leave)
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Starke.....	Mary G. Dodd, R. N.
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CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph. D. (U. S. Bureau Entomology)
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ADMINISTRATION

Henry Hanson, M.D., State Health Officer

PUBLIC HEALTH WORKERS

The State Board of Health will be glad to have health officers, sanitary inspectors or public health nurses visit the central office for study and observation purposes. It is desirable that all doing public health work should follow as nearly as possible a uniform procedure in the efforts to prevent unnecessary sickness.

Although the old rigid quarantine is gradually passing out of the public health practice there are certain conditions which still require some restraint on the individuals affected and to some extent on the families where communicable disease occurs. There are very few conditions, however, where there is much danger of a person carrying infection from the sick to the well if this person will observe the ordinary hygienic measures of cleanliness. Dr. Chapin, Health Officer of Providence, R. I., showed that there was practically no danger of communicable disease spreading from one patient to another even though they were kept in the same room in a hospital. The most important precaution in the nursing care is that the nurse or attendant should wash her hands after attending a patient with communicable disease before ministering to another.

The State Board of Health has adopted a policy of having all new employees take a short observation course in all branches of the health organization, not for the purpose of making them experts in all branches of the health department but for the purpose of giving each employee some understanding of the activities in other departments. It is necessary that the different workers should have a sufficiently intelligent understanding of the work to know when an investigation passes from one department to another. The health officer, the sanitary officer or the public health nurse should have sufficient knowledge of what is done in the Bureau of Communicable Diseases, of Vital Statistics, of Public Health Laboratories, the Child Hygiene and Public Health Nursing or the Bureau of Sanitary Engineering to at least understand why work of one type is done in a certain division of the health department.

It would be desirable if the arrangement could be made to have city health officers, county sanitary officers and public health nurses come to the State Board of Health for a course of observation and study. All school nurses certainly should have such a course of training. If all engaged in this work within the state were working on the same basis much more effective work would be done. It would also prevent a great deal of duplication or overlapping of activities which would be an economy and a greater service for the same amount of money spent.

ADMINISTRATION

RESEARCH

In a public health program it is necessary to carry on a constant study and investigation of the factors which have been found antagonistic to health unless they are properly controlled. In tropical climates these are usually diseases carried by insects. In Florida we have found one of the principal hindrances of our agricultural development to be malaria.

At the present time we have three branches of control studies under way in this state. The first one established is going into a minute study of the nature of malaria both as the malefactor and the benefactor. Many interesting new facts are being brought out which will serve as a material aid to the medical profession when the final reports of this work appear in the scientific literature. Uncontrolled malaria is the illustration of malaria, the malefactor. Controlled malaria in the hands of experts who know all the possibilities of this disease can in some instances be so used that it becomes a benefactor. It now seems that under rigid control it can be used beneficially for the arresting of the progress of neurosyphilis. Detailed reports on this, however, are not yet ready for publication.

Examples of uncontrolled malaria can be found in many portions of the state and have been shown in the preliminary work of our Malaria Control Division where blood smear indexes have been taken among the school children in the counties where malaria has been known to prevail. In some of these we have found as many as thirty-seven to forty per cent. of the children in the schools have the parasites of malaria in their blood. It is quite evident that children so affected are unable to do the work required of them by the school curriculum and many will naturally fail in their studies and become repeaters. The problem presented, however, is the correction of conditions found. These children who have been found infected are mostly among the families of the poor who have no means to meet the expenses involved in treatment. The present reduced budget of the State Board of Health makes it impossible for the State to consider furnishing the remedy (quinine) needed to restore these children to health. The loss to the State, however, from sickness and inability to perform the duties expected, both of children who are so infected and of adults, is many times greater than the cost of the remedy. What is the answer?

The third division of our studies consists in securing data regarding the prevalence of the insects which carry disease. We expect in the near future to have this part of the work closely coordinated and correlated with the other two divisions. Of this more will be said at a later date.

LIBRARY**Elizabeth Bohnenberger, Librarian****NEW BOOKS****Myers, J. Arthur****Child and the Tuberculosis Problem. N. Y., Thomas, 1932**

A most important contribution to this subject by the Chief of the Medical Staff of the Lymanhurst School for Tuberculous Children. Some of the points discussed are, "Control of Tuberculosis in the Teen Ages," "Controlling Tuberculosis Among Domestic Animals," "Family Tuberculosis," "Prevention Among Non-tuberculous Children." The book is well indexed and contains an excellent bibliography.

Wootten, Kathleen W.**Health Education Activities. N. Y.,
National Tuberculosis Association, c1932.**

A good source book of suggested activities in health education, grades one to twelve.

Commission on Medical Education.**Medical Education. N. Y., Comm., 1932.**

The final report of the findings of the Commission, organized in 1925.

Committee on the Costs of Medical Care.**Medical Care for the American People,
University Press of Chicago, c1932.**

The final report of this Committee, which includes the majority report, and two minority reports.

BUREAU OF ENGINEERING**Louva G. Lenert, Director****PERMANENT RELIEF**

Never in the history of the State has there been such a widespread movement for drainage projects as during the past four months, a period unequalled in the demand for economics. Much educational work would have been necessary to accomplish similar results in former days under different circumstances and it is very doubtful if any procedure could have netted such widespread response throughout the entire State.

Many communities have had no funds with which to construct drainage channels or clean out existing waterways during the past seven years. During the period of inflation when it appeared that it would be necessary to set aside a piece of property for every able-bodied inhabitant of the nation and his invalidated relations many mis-conceived plans were inaugurated as emergency measures and were only partially completed. Among these were drainage works which could not be maintained. The upkeep of such waterways are fully

BUREAU OF ENGINEERING

as important in the control of mosquito breeding as the completion of the original project itself, but neglect, procrastination, shortage of finances, etc., have resulted in the creation of many areas which were producing millions of these winged pests and carriers of disease.

Unemployment relief in most cases in Florida has been used as a two-edged sword, serving a double purpose. Naturally its primary purpose has been the relief afforded those who have been unable to secure gainful employment, providing a few days work at the prevailing wage scale in the vicinity and thus enabling them to secure some of the necessities of life through honest effort rather than through the vicious dole system.

The application of this working program also has a two-fold duty to be observed and that is to assist the individual in securing living necessities without warping his outlook of the future. This may perhaps be better illustrated by an actual occurrence where relief work was loosely carried out, the only object having been to produce a semblance of duty which would enable one to secure a gratuity at the end of the day. It could not be termed pay as that would have to be earned. Using some of this same labor at piece work wages the same lethargic attitude was still evident—the laborer barely earned his salt and the employer became thoroughly disgusted. Paid on a time basis, it would have been impossible to use such help on private contracts and those who are administering public relief work should demand that an honest effort be expended in the interest of the community welfare and morale of the individual.

The second requirement of unemployment relief is that the project undertaken must be of a character that would not be undertaken in the natural routine of governmental agencies. Drainage and mosquito control projects have been able to fit into this requirement throughout the State. In no case has such a project been refused approval if it has been properly conceived and supervised. This department has been very active in trying to secure the greatest benefits from this work for the betterment of health conditions and community comfort. Years of effort would have been required to secure the hundreds of miles of ditches, new and reconditioned, that have been covered in such a few short months, and it is now admitted that there was no work of greater importance.

Towns in that section of the State where malaria has been prevalent, where there has never been a drainage ditch except for the protection of public streets and roads, have had complete drainage systems installed and this will no doubt be reflected in the malaria incidence of the future.

BUREAU OF ENGINEERING

Drainage ditches which have ceased to function because of finances and litigation have been entirely rehabilitated and made serviceable.

Mosquito abatement districts unable to cope with their problems in this period of financial distress have been able to function in a normal and satisfactory manner.

The importance of this work should occupy the minds of those who are now able to visualize its benefits. Should it be necessary to wait for another period of depression and unemployment to accomplish similar results, the lesson will have been of little value. Maintaining existing works and providing for their extension and additions in the future is important. In many cases beneficiaries have promised individually and collectively that this will be done.

At the recent meeting of the Florida Public Health Association in Ocala, a resolution was adopted memorializing the next legislature to enact suitable legislation to permit the use of convict labor on drainage projects of a public health nature after these had been approved by the State Board of Health.

This procedure would possibly fill the gap and make maintenance of this work available at a minimum cost to the community, and it seems peculiarly fitting that offenders against society could be thus used to better living conditions of those whose faith, confidence and authority they have violated.

Present relief methods could then be considered of permanent value and lasting benefit.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M.D., Director

PROPHYLACTIC USE OF DIPHTHERIA ANTITOXIN

A questionnaire was recently sent to seven of Florida's leading pediatricians, asking their opinions as to the advisability of using diphtheria antitoxin as a prophylactic; also their reasons for or against its use.

Four stated that they do not approve or recommend its use. One recommends it for a child with sore throat after direct exposure; one approves giving it to a young child directly exposed and having a positive Schick reaction and another would give it (a) to exposed children not under observation, and (b) to young children intimately exposed to a malignant form of diphtheria.

Sensitization (serum reaction or anaphylaxis) was mentioned by six as a contraindication. Masked symptoms, missed cases, inter-

BUREAU OF COMMUNICABLE DISEASES

ference with active immunization, pain and cost were also mentioned as disadvantages and the fact that many children are immune already was noted to indicate the futility of giving the serum indiscriminately to contacts.

As previously stated, the State Board of Health does not recommend or furnish diphtheria antitoxin for prophylactic use. The State Board of Health will do everything in its power to preserve and promote public health but cannot condone the expenditure of public money for a commodity to be used in a manner now felt by most authorities to be unwarranted.

The Administration of Toxoid

to children from nine months to ten years of age **before** the danger of diphtheria is imminent will accomplish the purpose for which we are all striving, namely; the eradication of diphtheria.

Isolation vs. Migration

Persons who contract contagious diseases and wish to go elsewhere for medical or nursing care, constitute a difficult problem for the Health Officer and a considerable hazard for the public.

It is held that travel by a person with a communicable disease without the consent of the State Board of Health is contrary to the rules of the Board and no physician has the right to authorize or permit such travel; neither has any local health officer the power to authorize such travel to points outside his jurisdiction.

There are exceptional circumstances which justify the State Board of Health in authorizing the transportation of communicable disease patients but adequate precautions for the protection of the public must be provided and guaranteed and the hazard to the patient must be assumed by the patient, his friends and his physician.

Regardless of his place of residence and pecuniary status, no community can avoid its responsibility for a communicable disease patient who is found in its midst, nor transport him summarily to other parts.

A Good Schoolmaster

If all Florida teachers were like the author of the following letter many of our health problems would be quickly solved, the next generation would be much superior to this and the state would go forward rapidly. The value of this man's influence cannot be computed. May his success and good works increase.

BUREAU OF COMMUNICABLE DISEASES

December 14, 1932.

State Board of Health,
Jacksonville, Florida,
My dear Doctor:

"As per my promise I am giving in detail some of my plans that I follow in my health work at———. As you know——— is a typical backwoods Florida community. We have everything to confront that is found in every other section. Ignorant parents, bootleggers, religious cults and all combined. This is my third year here. I attended the meeting when the unit was installed and ours was the first school in which active work was begun. I have always been a crank on the subject of health and still maintain that sickness is folly. Every child must live in its body, be that body sound or diseased. My wife and I have reared five children and not once have we ever been forced to be up a whole night with any one of them. With this experience I had the advantage of the young unmarried teacher who tries to put over the health work, as all projects were started with my individual children. The first year here I talked health to the parents as well as to the children. The Unit held several clinics with moving pictures which I got many of the parents to attend. I personally bought a duplicating machine and every parent was circularized with personal letters from me explaining and suggesting every phase of the work. As stated above I always closed by stating that **my children** were taking the test or treatment and stressing the point that my interest reached to **their child** also. During this first year all children were examined and the defects noted, but remedial measures were hard to get, naturally the health of the children was very poor, many not being able to attend school regularly. A few took my advice and the improvement in them was so marked that others could not help but see. That year we had two gold star pupils out of an enrollment of about one hundred seventy-five.

"The second year I began the program the first day of school and fought all the time. That year we won the county health banner and had a twenty-seven per cent. average of gold star pupils from an enrollment of one hundred fifty. This year we are trying to better our record and hope to have at least fifty per cent. gold stars.

"Now, as to my methods: First, I talk plainly to the parents as well as the pupils. I tell them that it is nothing less than criminal negligence and worthlessness for their children to be sickly and stunted. They all in a general way own some live stock. They know that vaccination will prevent cholera in their hogs. I use this with the child. I ask if it is possible that they think more of the hog than they do of their own flesh and blood. If treatment will save the life of the hog then why let the child die? This generally brings results from the parent; if not active cooperation, it stops active resistance and criticism. Now to the child I talk in terms that he can under-

BUREAU OF COMMUNICABLE DISEASES

stand. I stress the folly of being sick and point to those that have been benefited. I picture smallpox, diphtheria, typhoid, malaria and hookworms in the most vivid manner possible. I watch the papers for the death of men of importance from one of the diseases and explain the death was absolutely due to carelessness and could have been avoided. In handling the hookworm cases I picture to the child how there are not only hookworms but many others in the stomach and intestines. All of them go fishing and when I explain that in some stomachs can be found worms that closely resemble the earth worm that is used as fish bait and that if it were possible to see inside the stomach many times there would be great wads of these worms very much as are the worms in the bait can. When this fails—well, I've never known it to fail.

"As to my method of getting the specimen bottles returned I use the above talk and then if some boy or girl feels too large or too nice to prepare them for me I get them by other means. This year all bottles except two were returned voluntarily. These two I prepared and placed on my desk and called the two, a boy and a girl, into the office and asked them if they knew what the bottles were meant for. Both answered, 'Yes.' I then said, 'Well, as you both know I do not have to tell you again but I can say this, you will both report to the study hall this evening and every one hereafter until the bottles are prepared and handed in.' Needless to say that both were returned promptly the next morning. I now have one hundred per cent. specimens returned and all who showed positive have taken the medicine home and have agreed to take it under direction.

"There will be a one hundred per cent. vaccination against typhoid and diphtheria and nearly so against smallpox.

"None of this has required any special talent and can be done by every principal in the state if they wish to badly enough.

"With best wishes for the success of the Health Department in general and you in particular, I remain.

Yours very truly,

Principal,

Junior High School."

ARTHRITIS? RHEUMATISM!

Rheumatism or arthritis? There is no difference; the terms are synonymous. Not even in degree is there a difference. Dr. Maurice Lautman discusses the causes of arthritis and suggests medical treatment in the February *Hygeia*.

MALARIA CONTROL STUDIES

T. H. D. Griffitts, M.D., Director

MOSQUITOES TRAVEL BY AIRPLANES

Owing to the potential danger, at least, of the spread of yellow fever from foci of infection in one country to another by means of the rapid transit by aircraft, the United States Public Health Service has carried on some exact experiments to determine how long mosquitoes will remain aboard airplanes. The results of some of these tests have been little short of astonishing.

In July, 1931, a Service representative was detailed to Miami for airplane inspection. It was soon learned that planes coming into Miami from foreign countries had mosquitoes aboard, but it was not known where they "embarked." Plans were laid, and "yellow fever mosquitoes" (*Aedes aegypti*) which were developed from collected larvae, were stained, so as to mark them for identification, and placed on cabin planes in San Juan, Porto Rico. After a ten-hour flight to Miami, more than 20 per cent of the stained mosquitoes were alive and, apparently, happy upon landing at Miami. This experiment, the first of its kind done anywhere in the world, put at rest the speculations of health authorities in different parts of the world as to whether mosquitoes might go on long airplane flights. It answered the question of the possible carrying of mosquitoes infected with yellow fever in tropical and sub-tropical countries. Other and more extended studies were made by the United States Public Health Service in 1932. "Yellow fever mosquitoes" were found to remain on one plane for more than three days and nights on a trip from the Canal Zone to Mexico, Cuba and Miami. Showing that high altitude is no barrier to the mosquito's safe journey, repeatedly mosquitoes arrived at Brownsville, Texas, from the Canal Zone via Mexico City, where an altitude of 14,000 feet, or more, was reached.

In this interesting and exact scientific work, the United States Public Health Service has emphasized the importance of "eternal vigilance" if yellow fever is to be kept forever from our shores.

BUREAU OF LABORATORIES

Paul Eaton, M.D., D.P.H., Director

MORAL REFLECTIONS

A strong man suffering from an acute inflammation of the lungs (pneumonia) offers a pitiable sight. The patient is in pain, his breathing is labored, his face is red (or blue) from incomplete aeration of the blood. The inflamed portion of the lung presents an abnormal resistance to the passage of blood so that an extra load is thrown upon the right side of the heart and the circulation is seriously embarrassed.

BUREAU OF LABORATORIES

Lance a vein on this man's arm and withdraw a pint or more of blood and see what happens? His pain is relieved. His breathing becomes easy. His color improves and if he has suffered several hours he is apt to drop off to sleep. I have not seen this myself, but it was graphically described for me by one who had seen it and who told me that if I did see it I would with difficulty restrain myself from bleeding my next pneumonia patient.

Why is bleeding no longer in general use for the treatment of pneumonia? Well, for one reason, because out of every hundred cases so treated more than fifty died as against an average of about twenty out of a hundred treated in almost any other way (until the introduction of the latest serum treatment). The beneficial results of bleeding are transitory and deceptive. But they are so striking that they led to the adoption of this method of treatment for all febrile conditions, and it took centuries to break the habit.

Here is a typical example. Medical accounts of the last illness of George Washington indicate that his physicians "blooded" him promptly, thoroughly and persistently. Indeed it is a common saying that he was "bled to death."

Now let us suppose that George's physician had been a generation or two in advance of his time. And suppose further that he had refused to bleed his patient and that the patient had died in spite of the advanced nature of the treatment. What would have happened to the physician? He would have been ruined professionally. He would have been liable to a damage suit for malpractice. His name would have been bandied down the "corridors of time," as that of the man whose incompetence had cost the life of the greatest American. And when long after he was dead it was found that he had been right, it would do his besmirched reputation small good to have some medical historian write that "the treatment which has always been blamed for the death of our first President, turns out to be the proper treatment for the condition from which he suffered."

Here we are brought to the consideration of a difficult problem. To what extent may (or must) a physician protect himself at the expense of his patient? To make the solution more difficult it is necessary to realize that the public would not profit from the services of the best physician in the world **if he had no patients.**

This excursion into history has been prompted by the difficulty we have in getting physicians to abandon the thoroughly discredited method of attempting to protect against diphtheria by the use of small doses of antitoxin (1000 to 1500 units). When the antitoxin treatment was new this was believed to be the proper method of protecting contacts. We know that those receiving these small doses are "protected" from eight to eleven days; that having been "protected" they are less likely to be watched for symptoms of diph-

theria; and that if they do develop the disease, the time which has elapsed since the "protective inoculation" is just about the right time to develop a first class protein sensitization, and the "protection" delays for two or three months the possibility of proper immunization by toxin antitoxin. I say we know all these things, but do the people at large know them? It may be that some who still practice this method of prophylaxis, do so in self-defense. They may feel that if they do not do this they will be blamed by their colleagues (and by the public) just as Washington's physician would have been blamed by his colleagues (and by the public) if he had not bled the "Father of his Country."

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF DECEMBER, 1932

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	2747	1057	64	118	303	4289
Diphtheria	3058	956	38	920	13	4985
Typhoid	355	116	16	27	52	566
Malaria	342	120	14	17	7	500
Rabies	11	1	1	2		15
Tuberculosis	186	83	19	55	6	349
Gonorrhea	554	215	32	133	11	945
Kahn	3271	2153	145	1030	67	6666
Water		51	16	286		353
Milk	369	326	122	577	79	1473
Miscellaneous	177	11	1	131	2	322
	11070	5089	468	3296	540	20463

Specimen Containers Distributed..... 6147

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin.....	10,000 units	166 Packages
	5,000 units	47 Packages
Toxin Antitoxin.....		5,431 C. C.
Schick		4,850 Tests
Toxoid		3,882 C. C.
Tetanus Antitoxin.....	1,500 units	3 Packages
Typhoid Vaccine.....		863 Treatments
Vaccine Virus.....		1,710 Capillaries
Antirabic Virus.....		5 Treatments
Carbon Tetrachloride.....		2,790 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED
TO THE STATE LABORATORY, STATE BOARD OF
HEALTH, JACKSONVILLE, FLORIDA

BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D.P.H., Director****ANNUAL ROUNDUP**

Annual roundup of delayed birth and death certificates for the year 1932 is one of the most important duties now facing each local registrar. Annual tabulations will be started very soon. Local registrars are, therefore, urged to rush all delayed certificates for the calendar year 1932 to the State Board of Health, Jacksonville.

The problems of registration are manifold and often difficult and the faithful work of the local registrars of Florida in rounding up certificates for all births and deaths occurring in their districts has made available a valuable collection of records which is being used daily by citizens of our state.

WARNING: A let-up, carelessness or laxness on the part of local registrars in going after certificates will be fatal to our goal of complete registration.

Dr. T. F. Murphy, Chief Statistician for Vital Statistics of the United States Bureau of the Census, Washington, D. C., made his second official visit to Florida in December. Among other things, Dr. Murphy stated,

"I have no hesitancy in saying that I am greatly pleased with the administration of vital statistics as they are carried on by you and your assistants."

HIGH BLOOD PRESSURE

The chief resistance to the flow of blood occurs in the smallest arteries and capillaries, which act as so many nozzles at the end of the stream. Any abnormal narrowing in the caliber of these vessels demands a higher pressure head in the mains. Thus one finds a persistent elevation of blood pressure commonly associated with arteriosclerosis of the small vessels. This process may even occur in young people and run a rapid course to death. More commonly, however, high blood pressure appears later in life and, depending on many circumstances, the individual may live only a short time or he may with care go along, more or less handicapped, for many years. After 40, much depends on the wearing quality of one's arteries, Dr. R. W. Scott explains in the February *Hygeia* in "Forty Years Old—or Forty Years Young?"

Since Nature is interested in man only with the idea of propagating the race, the time that man survives after 50 is borrowed time. From then on, man must watch his step in this life on earth. He has no one to watch over his arteries.

BUREAU OF VITAL STATISTICS

NEW LOCAL REGISTRARS APPOINTED

Dist. No.	Name	Address
1-03	Leroy N. Pearce	Newberry
1-227	N. L. Mathews	Campville
2-01	Mrs. Sidney Powers	Maccleddy
2-057	Mrs. Mammie Stafford	Glen St. Mary
9-02	Mrs. Pauline Wylie	Orange Park
14-07	J. W. Byrd	Rt. 1, Box 111, Atmore, Ala.
16-037	Francis R. Perkins	Concord
17-02	F. S. Wiggins	White Springs
17-03	Miss Lila Woodard	Jennings
18-057	Charles D. Parker	Rt. 3, Dade City
18-077	L. S. Brinson	Richloam
21-03	Judge W. E. Williams	Graceville
21-047	D. B. Carter	Rt. 4, Graceville
30-02	S. J. Wilkins	Fort Green
35-467	Mrs. Juanita S. Tucker	Christmas
41-02	Mrs. Edw. M. Powell	Box 348, Crescent City
45-077	Mrs. C. C. Matthews	Chuluota
50-01	Miss Corynne Hodge	Sopchoppy
52-107	Mrs. D. H. Horne	Rt. 1, Box 16, Chipley
58-01	Miss Edith Wilson	City Hall, Wauchula

EMBALMERS REINSTATED

Dr. Henry Hanson, president of the State Board of Embalming, has been advised by the secretary, W. H. Combs, Sr., that the following named embalmers whose licenses were suspended are now reinstated and local registrars are authorized to issue shipping permits when requested in accordance with laws, rules and regulations:

Name	Address	License
Willie L. Miles, Jr.	Tallahassee	289
K. L. Pharr	Miami	151
R. A. Ponce	St. Augustine	59
Richard Stone	Cocoa	281
T. E. Wirt	Winter Haven	54



HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

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Vol. 25

MARCH, 1933

No. 3

Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

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DIPHTHERIA TOXOID—*Brink*

WATER WORKS MEETING—*Lenert*

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HENRY HANSON, M. D., STATE HEALTH OFFICER

Also Executive Officer and Secretary of Board

BOARD MEMBERS

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Tampa

Henry E. Palmer, M. D.
Tallahassee

Edward M. L'Engle, M. D.
Jacksonville

STATE HEALTH OFFICER

Also Executive Officer and Secretary of Board
Henry Hanson, M. D.

BUREAUS AT JACKSONVILLE**DIRECTORS**

Laboratories.....	Paul Eaton, M. D., D. P. H.
*Vital Statistics.....	Stewart G. Thompson, D. P. H.
Communicable Diseases.....	F. A. Brink, M. D.
Engineering.....	Louva G. Lenert
Accounting.....	G. Wilson Baltzell
Librarian.....	Elizabeth Bohnenberger

*Registration Inspector.....	Anna C. Emmons
Drug Store Inspector.....	M. H. Doss
Assistant Drug Store Inspector.....	Frank S. Castor

LABORATORIES

Jacksonville.....	Pearl Griffith, B. E.
Miami.....	E. R. Powell
Pensacola.....	Johnette McCormick
Tallahassee.....	Estelle Bryan
Tampa.....	H. D. Venters, B. S.

MEDICAL OFFICERS

Jacksonville.....	T. E. Morgan, M. D.
Tallahassee.....	H. A. McClure, M. D.
West Palm Beach.....	C. W. Pease, M. D.

TUBERCULOSIS AND EPIDEMIOLOGY

Jacksonville.....	W. A. Claxton, M. D.
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DISTRICT SANITARY OFFICERS

Jacksonville.....	Fred A. Safay
Miami.....	George B. Reed
Ocala.....	C. A. Holloway
Orlando.....	Russell Broughman
Tallahassee.....	C. N. Hobbs
Tampa.....	D. H. Osburn

MILK AND DAIRY SPECIALIST

Jacksonville.....	S. D. Macready
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PUBLIC HEALTH NURSES

Ft. Pierce.....	Annie Gabriel, R. N.
Jacksonville.....	Joyce Ely, R. N. (On study leave)
Jacksonville.....	Lalla Mary Goggans, R. N.
Starke.....	Mary G. Dodd, R. N.
Tampa.....	Julia O. Graves, R. N.

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M. D. (Rockefeller Foundation)
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MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M. D. (U. S. Public Health Service)
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CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph. D. (U. S. Bureau Entomology)
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ADMINISTRATION

Henry Hanson, M.D., State Health Officer

PRINCIPAL HEALTH ACTIVITIES TO CONTINUE

At the invitation of the Governor, the State Board of Health met in his office in regular annual meeting on the second Tuesday in February (14th, 1933). Inasmuch as this was the first meeting under the new administration and the first year of a new biennium (a year for the meeting of the State Legislature) the State Board of Health wished to ascertain the policy in regard to the program of the Health Department.

The original law creating the State Board of Health provided for a continuing levy of a half mill for maintenance and operation. In 1921 this millage was reduced from a half to a quarter of a mill and an effort was made to operate on this basis but it was soon found that the revenue was insufficient; therefore, the succeeding Legislature authorized the Governor to spend up to one half mill for the State Board of Health. Some years a half mill was provided; other years only three-eighths of a mill. The last Legislature, however, made no reference to the quarter of a mill provided in 1921 and specified that the budget of the State Board of Health should be paid from general revenue.

When the Board of Health met with Governor Sholtz on the second Tuesday in February the Governor was then of the opinion that the Board would have to operate on a quarter of a mill and instructed the Board to prepare a budget on this basis. This meant a reduction from an authorized \$270,000.00 to approximately \$140,000.00. To make a readjustment of so drastic a nature, it was necessary to eliminate many phases of the activities which we have carried on during past administrations. A budget was prepared on this basis and presented to the Budget Commission (the Governor and his Cabinet) for approval. The Board was unable to reduce its expenses to what could be expected from a quarter of a mill and presented a budget totaling approximately \$153,000.00. Even so, this meant the elimination of biologicals, assistance to county health units, publication of Health Notes, operation of the movie truck and serious cuts in funds for operation and maintenance, such as the complete elimination of automobile replacements, the curtailing of travel expenses by about 25%, the suspension of some activities in all bureaus, the reduction of personnel and a general salary cut. After the drastically altered budget had been placed in the hands of the Governor and his Cabinet, one member of the Cabinet decided that it was unwise to bring about such extreme curtailment and proposed that three-eighths of a mill should be provided for the State Board of Health. Later a half mill was proposed as revenue for operation of the State Health Department. Since the first of the year 1933, we have tried to carry on with funds accumulating from the one-quarter

ADMINISTRATION

mill tax but found this source of revenue insufficient. The 1931 Appropriations Act (House Bill 80-XX), according to an opinion of the Attorney General, permits the State Board of Health to have its funds supplemented from general revenue after it has consumed what comes in from the quarter of a mill tax. Before this opinion was rendered, it seemed that we would have only the income from the quarter of a mill tax on which to operate from now on. It seemed useless to accumulate unpaid vouchers in Tallahassee, hence the logical thing to do was to operate on what we knew we could depend upon. In so doing, biologicals were eliminated together with other items mentioned above.

The Governor's action in supplementing from general revenue made it possible for the Board to resume or continue furnishing biological products and other medication such as silver nitrate, tetrachlorethylene, yeast for pellagrins, and neosalvarsan for syphilitics on the same basis on which these products have been furnished before. We are, therefore, also resuming the publication of Health Notes on a basis which is 50% cheaper than the cost of previous years. Which of the other activities are to be revived, we do not know. It will depend entirely on what income we receive from millage. After the close of the present fiscal year, that is June 30, 1933, we can only depend on receipts from millage which will be governed by what the Legislature authorizes. The Budget Commission is recommending to the Legislature that this be on the basis of one-half mill which will be quite satisfactory if times show a tendency to return to normal and people resume paying taxes.

We hope the Legislature will find means of enabling the State Health Department to continue efficient operation.

Biologicals can only be furnished to the indigent. Abuses by those who receive or administer them will again bring up the question of suspension. The State Board of Health has always relied on the honor system and hopes to continue doing so. There have been times when some individuals, deficient in gentlemanly honor have jeopardized this service (often an actual life saver) to those in unfortunate economic circumstances. We hope that those who sign certificates of indigency will bear in mind the possibilities of funerals in potter's field which may result if the service is again withdrawn on account of some who fail to think of his or her responsibility.

A half mill is the smallest income on which the State Department of Health can operate effectively. There is need for setting aside a small sum, annually, with which to meet emergencies of epidemics, floods or hurricanes. The administration of a department of this kind should be on the same basis as any other providing funds for expansions which will bring profitable returns. To do so, one has to think of all phases, even the place in which the work is to be done.

LIBRARY

Elizabeth Bohnenberger, Librarian

SUMMARY

The reorganized State Board of Health Library has been in existence a little over a year. It therefore seems fitting to glance back and see what has been accomplished in that time.

Libraries are queer animals. At the start, they usually consist of a confused mass of books, magazines and pamphlets in no sort of order and hence valueless. A guiding hand takes charge; and lo, this magazine is discovered to belong with that; this apparently outworn book is seen to hold between its dusty covers information that may help to save a life or give staunch support to a courageous opinion. The pamphlets, of all sizes, colors and shapes, and certainly the most annoying things ever invented as far as putting them in order is concerned, will be found to form one of the most valuable parts of the library, for the information they contain is as a rule, the latest off the press. This is especially true of a library dealing with the subjects of medicine and public health where the practice of issuing reprints of all important papers prevails.

After the tumult and the shouting dies, and the books are arranged on the new-made shelves in gracious order, it all looks very nice.

We have a library—but what do we do with it?

Do you want to know something about the pathology of the liver in malaria, or the forgotten initials of a doctor to whom you must write? The library will have a book that can help you. Some one has told you that the preponderance of colored population over white in a certain county is seventy per cent., but you don't believe it. The library keeps a very useful file of United States census reports concerning things like that. Perhaps you are preparing a paper for a medical journal and are having difficulty in obtaining references which you need. The library is equipped with indices and guides to literature for this purpose. At your request, a list of such references will be made for you and the material itself made available whenever possible.

The State Board of Health Library has been put in order. To the older books, we have added a few new ones and hope to continue adding. The periodicals subscribed to are useful ones. Several valuable gifts of books and periodicals have helped enormously. Let the library be of service to you.

BUREAU OF ENGINEERING

Louva G. Lenert, Director

WATER WORKS MEETING

The Florida Section, American Water Works Association, will hold its Seventh Annual Meeting in Gainesville, April 10, 11, 12, 1933.

The Section in its last meeting elected to hold the 1933 Convention in Hollywood, the selection of the place being contingent upon the offer of the Hollywood Beach Hotel to bear costs incident to a short school for water plant operators. At a late date, the hotel management withdrew the offer and it became necessary for the directors to forego the school or transfer the meeting place to the University Campus where the school will be conducted at no extra cost to the Section.

The meeting and school have been combined this year and every effort is being directed toward making this an outstanding meeting in all particulars.

Hard times will be no alibi for missing the sessions, for rooms may be obtained near the campus and meals taken at the University cafeteria at an aggregate cost of \$1.50 per day. It is difficult to stay home at that price. Transportation costs may be reduced by coming with your neighbor. Any problems of this character are easy of solution and information will be readily given by addressing W. K. Mitchell, Secretary, Bureau of Short Courses and Institutes, University of Florida, Gainesville.

The program this year will be quite a variation from that of the conventional meeting. Emphasis will be given to the bacteriology of water and in addition to lectures upon the fundamentals, those in attendance will be given opportunity to participate in actual laboratory work. Chemistry of water treatment will also be included with practical laboratory work for those desiring it and time is also allotted to lectures and laboratory work on algae and algae control, which includes the subject of tastes and odors in Florida waters.

The first two day's sessions will be presided over by faculty members of the Departments of Chemistry, Botany and Bacteriology of the University, and will constitute the essential part of the Short Course. Special papers and their discussions have been grouped in the morning session of the third day.

A very exceptional group of papers will be presented by well known state and national authorities, such as R. C. Bardwell, Superintendent Water Supply, Chesapeake and Ohio Railway Company,

BUREAU OF ENGINEERING

Richmond, Virginia; Edward B. Burwell, Jr., Geologist, U. S. Engineers Office; J. E. Lyles, Chief Chemist, Tampa Water Works; V. T. Stringfield, Assistant Geologist, U. S. Geological Survey.

Business of the section will be taken up during the luncheon on Wednesday, April 12th.

Following the water works meeting, the Florida Engineering Society will hold its annual conference in the Engineering College, April 13-15. A most excellent program has been arranged and all in attendance at the short course and conference of the Florida Section, American Water Works Association, are extended a cordial invitation to remain for this meeting.

1933 MOSQUITO MEETING POSTPONED

Many enthusiasts of the Florida Anti-Mosquito Association and others interested in mosquito and malaria control, not members of the Association, have been very anxiously waiting for the announcement of dates for the 1933 Annual Meeting which was scheduled to be held in West Palm Beach during the month of March.

The interest of the general public has been aroused to a higher pitch than ever before. New mosquito control projects are being inaugurated almost daily, the work being financed through federal relief funds. Additional plans are in the embryo stage for more permanent relief programs, a discussion of which was planned for at the annual meeting which is the clearing house for anti-mosquito workers of Florida.

The officers of the Florida Anti-Mosquito Association are as follows: President, Alex MacWilliam, Mayor of Vero Beach and Brevard County Member of Legislature; First Vice-president, Dr. J. N. Hornbaker, Director of Sanitation, St. Petersburg and director of work of Pinellas County Anti-Mosquito District; Second Vice-president, C. L. Brandon, Mayor of Perry; Secretary-treasurer, Lena W. Starck, Assistant Director, Bureau of Engineering, State Board of Health, Jacksonville.

The organization was sponsored in its inception by this Bureau and a few staunch anti-mosquito advocates. No dues have been assessed except during the past year when a small charge was made to cover cost of materials in mimeographing the proceedings of the 1932 Annual Meeting. As the work of the association is largely one of public health and comfort, all staff-members and field officers of the State Board of Health are numbered in its membership and are relied on for expert information and discussion of papers delivered at the annual meetings. Drastic immediate curtailment of

BUREAU OF ENGINEERING

the budget has necessitated the elimination of every possible expenditure by the State Board of Health. This removes the opportunity of staff and field officers attending and also cuts the source of stationery, postage, etc., incident to such a meeting.

All members and friends of the Florida Anti-Mosquito Association and those who are otherwise interested in mosquito abatement will be tremendously disappointed upon learning that the officers and directors of the association have found it necessary to postpone the 1933 annual meeting indefinitely.

BUREAU OF LABORATORIES

Paul Eaton, M.D., D.P.H., Director

FAME

One of Arthur Brisbane's choicest bits of (unconscious) humor was the statement that the discovery of a cure for cancer ought to be rewarded with a prize of fifty thousand dollars. This is funny for the reason that a selfish discoverer of a cure for cancer might easily make fifty thousand dollars a day as long as he cared to work at it.

This ill-natured remark is for the purpose of introducing a note about the National Institute of Health. The Public Health Service of the United States, which had its beginning in the Old Marine Hospital Service, established a small laboratory in the city of New York in 1887. In 1901, Congress established this laboratory (which had been moved to Washington) as a separate institution and called it the Hygienic Laboratory. It was charged with the "investigation of infectious and contagious diseases and matters pertaining to the public health." Although operated on a small budget, this institution has been very productive, not only scientifically, but practically. By this, I mean that the discoveries made in the Laboratory and under its direction have been of a value to this country that could not be measured in dollars.

In 1930, the scope of the Hygienic Laboratory was greatly widened and its name was changed to the National Institute of Health. The same Act which accomplished this authorized the Secretary of the Treasury to accept gifts for general or specific purposes. There has been appointed an unofficial voluntary organization to assist the National Institute of Health in any way possible. There are two possible ways. One is to tell the world what has been done. The other is to solicit gifts to broaden the work. This conference board specifies that it will not accept contributions. Any gifts must be made direct to the Treasurer of the United States and marked for

BUREAU OF LABORATORIES

the National Institute of Health. If you are rich and want to find a cure for cancer and can't do the work yourself, the chances are that the National Institute of Health can come as near to picking out the right man to do the work as any other agency, if you will furnish the money to pay his modest salary. It would be gambling, of course, but for a worthy purpose and you would run a chance of building a big monument for yourself.

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF FEBRUARY, 1933

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	4437	958	490	370	647	6902
Diphtheria	901	742	33	471	34	2181
Typhoid	339	179	10	22	14	564
Malaria	300	116	15	8	105	544
Rabies	11	2	—	2	—	15
Tuberculosis	205	110	18	60	36	429
Gonorrhea	515	225	36	143	35	954
Kahn	3573	1566	159	1426	206	6930
Water	—	29	35	180	—	244
Milk	311	321	118	606	96	1452
Miscellaneous	161	79	14	83	6	343
	10753	4327	928	3371	1179	20558

Specimen containers distributed 13427

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	47 Packages
	5,000 units	4 Packages
Toxin Antitoxin		2289 C. C.
Schick		4430 Tests
Toxoid		2310 C. C.
Typhoid Vaccine		1321 Treatments
Vaccine Virus		1490 Capillaries
Antirabic Virus		19 Treatments
Carbon Tetrachloride		3763 Capsules

ALL REQUESTS FOR BIOLOGICALS SHOULD BE
DIRECTED TO THE STATE LABORATORY,
STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M.D., Director****MAJOR CAUSES OF DEATH**

The acute communicable diseases such as diphtheria, typhoid, smallpox and scarlet fever have been brought well under control. We must continue our efforts to combat these diseases but we may well consider certain others which have now taken a place among the major causes of sickness and death. The thirteen leading causes of death in 1931, listed in the order of their importance, are (1) heart disease, all forms; (2) nephritis (kidney inflammation), all forms; (3) cerebral hemorrhage (apoplexy); (4) cancer, all forms; (5) tuberculosis, all forms; (6) pneumonia, all forms; (7) influenza, all forms; (8) automobile accidents; (9) syphilis; (10) homicides by firearms; (11) diarrhea and enteritis; (12) other diseases of the stomach; (13) pellagra. The number of deaths caused by these diseases in Florida ranged from 2,810 for the first down to 220 for the last.

Obviously, any effort to reduce the danger from these diseases must be made by the people collectively and individually. There is not one disease in this whole list but can be averted, postponed or cured by application of the right precaution or remedy at the right time. The first three in the list are aggravated, often caused, by infections of almost any sort such as communicable diseases, boils, infected wounds, syphilis or any so-called focus of infection. These and others in the list may be caused by errors of diet—overeating, bad selection of foods, improper eating habits, poor cooking and lack of sufficient nourishment. Cancer may, in many cases, be entirely removed if recognized and treated in time. For those injuries and deaths caused by carelessness, viciousness and neglect, the remedy is obvious. Much could be written on this subject but the purpose of this brief reference is to get people to think seriously about it and to adopt a rational mode of living, one that will retard the onward march of these thirteen "Captains of Death."

Diphtheria Toxoid

Every doctor who is called to treat a child with diphtheria should ask himself whether he has done all in his power to prevent the disease.

Toxoid is gaining in favor over toxin-antitoxin and two doses of the former are reported to be more effective in stimulating immunity than three doses of the latter. The State Board of Health now recommends toxoid for children from nine months to ten years of age. From the fact that seventy-five per cent. of the children who died in Florida from diphtheria during 1932 had not reached their fifth birthday, it is evident that this younger age group is in greatest

BUREAU OF COMMUNICABLE DISEASES

need of protection. Putting it off until they enter school may prove disastrous. The children and their parents must depend upon the family doctor for advice and general health supervision. There is no rule of conduct or system of ethics that enjoins silence on the physician if he has information of value to his clientele. He might very well advise the use of toxoid and receive a reasonable fee for its administration.

He should also be credited with helping to avert an attack of sickness which would not only be more costly but fraught with great danger.

Saving a child by tracheotomy or intubation and large doses of antitoxin is certainly dramatic; these procedures are sometimes necessary and they require special skill but after all, the preventive measure is less troublesome and it has the advantage of being entirely safe.

Notelets

The Taylor County Health Unit, now in its third year, is operating effectively under the direction of Dr. W. H. Y. Smith, who is now preparing for an investigation as to the distribution of adult mosquitoes, particularly those of the malaria-carrying variety. Dr. T. H. D. Griffiths of the United States Public Health Service has arranged to participate in this activity.

Dr. L. J. Graves, Director of the Leon County Unit, ably assisted by the County Sanitary Officer and Mr. David Lee, is making strides in his malaria control campaign. Drainage and screening are the principal measures now being stressed.

The Escambia County Unit continues to lay stress on dairy control, oyster control and sanitation. The rural school work has been taken up in a systematic way and has progressed nicely.

An outstanding volunteer health service has been rendered in the Starke schools by Mrs. Lucia S. Alvarez, Health Chairman of the Women's Club. All children were tested for hookworm, more than seventy per cent. of those infested have been treated by local doctors and diphtheria prevention has been looked after. An interesting report of the work appearing in the Bradford County News acknowledges the cooperation of local doctors, dentists and the State Board of Health. Cooperation of the school children was encouraged by room prizes and credit on citizenship rating.

If the Dads will now do their part by providing safe sanitary facilities, reinfestation with hookworms will be prevented and the health improvement made permanent.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D.P.H., Director

LEGAL RECORDS

In the custody of this Bureau will be found for citizens of Florida, records of births, deaths, marriages, divorces, annulments and those persons licensed to practice the healing arts.

STATISTICAL DATA

Tabulations from the original records make available a measuring unit in connection with the span of human life, activities of preventive medicine, progress or neglect in the control of preventable diseases and sanitation.

OFFICE ROUTINE CLASSIFIED FOR 1932

Description	Total
Binding Records.....	102,226
Typing Index Cards.....	293,135
Making, numbering, checking, etc., photostats.....	28,803
Addressograph, operating, etc.....	122,727
Monthly Reports, Local Registrars, etc.....	19,415
Typing Letters.....	11,604
Addressing Envelopes, etc.....	15,711
Punch Cards sorted by machines.....	7,267,329
Numbering Original Records.....	77,315
Numbering Index Cards.....	95,129
Verifying typing on Index Cards.....	158,115
Letters, Packages, etc., prepared for mailing.....	24,827
Mailing extra Publications.....	32,387
Miscellaneous Reports prepared.....	9,783
Birth Notices to New Mothers.....	26,706
Typing Copies, Supplementals, etc., from Records....	13,786
Operating Mimeograph.....	54,520
Filing Letters, Supplementals, etc.....	20,944
Files transferred, labeled, etc.....	174,686
Filing Index Cards.....	293,135
Editing Certificates.....	83,901
Checking Editing.....	19,150
Searching through Index Files.....	9,741
Notices, etc., to Local Registrars.....	1,810

BUREAU OF VITAL STATISTICS

Description	Total
Notices, etc., to Casket Dealers.....	2,028
Typing, Checking, Mailing, etc., Commissions.....	4,283
Additions to Records.....	4,414
Certificates for Signatures.....	2,457
Reports, County Judges, etc.....	1,332
Reports, Circuit Clerks, etc.....	2,931
Notices, etc., to County Judges.....	433
Notices, etc., to Circuit Clerks.....	610
Posting from Applications to Licenses—Marriages.....	14,492
Checking License Sales for Unused Licenses.....	738
Typing, Checking, Mailing, etc., Doctors' Registration.....	4,385
Making Addressograph Plates.....	2,730
Filing Addressograph Plates, etc.....	1,285
Operating Key Punch.....	79,757
Operating Key Verifier.....	71,302
Punch Cards Posted (Annual).....	98,103
Punch Cards Posted (Current).....	79,557
Current Changes on Punch Cards.....	2,399
Numbering Punch Cards.....	79,557
Certified Copy Requests Received.....	9,741
Rec'd (Completed) Supplementals, Questionnaires, etc.....	6,660

LOCAL REGISTRARS

The State is divided into five hundred Local Registrars' districts. A registration district forms an important center over which the Local Registrar acts as supervisor. At this central point, physicians and midwives file original birth certificates for babies born in the district. The undertaker or person acting as undertaker files the original death certificates and secures from the Local Registrar burial, removal or shipping permits.

Each of the five hundred Local Registrars is required to copy the original birth and death certificates in a local record book and during the first ten days of the following month, forward all of the original birth and death certificates to the Central Bureau of Vital Statistics.

The United States Bureau of the Census has set a standard of ninety per cent. completeness of registration, and to keep the records of Florida up to this standard, requires unceasing diligence on the part of those responsible.

BUREAU OF VITAL STATISTICS
Total Deaths by Color and by Counties, 1932

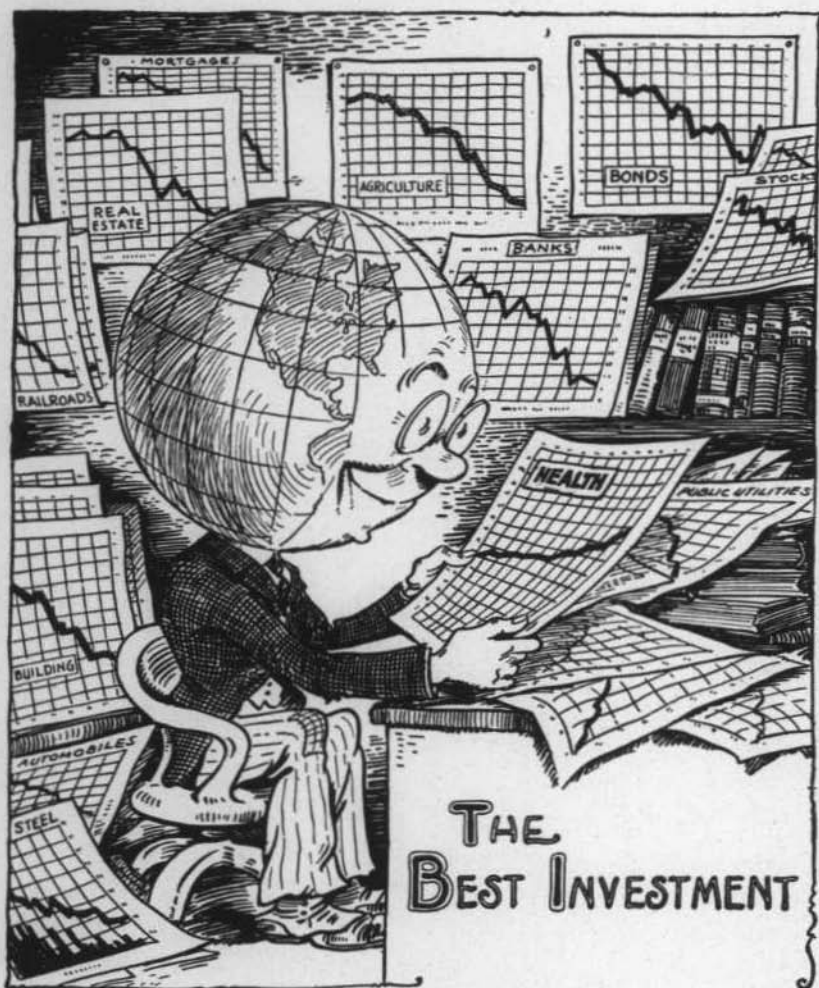
COUNTIES	DEATHS		
	Total	White	Colored
0. State.....	18,293	11,294	6,999
1. Alachua.....	467	225	242
2. Baker.....	56	28	28
3. Bay.....	172	127	45
4. Bradford.....	77	54	23
5. Brevard.....	141	89	52
6. Broward.....	233	130	103
7. Calhoun.....	64	51	13
55. Charlotte.....	46	30	16
8. Citrus.....	49	29	20
9. Clay.....	89	54	35
62. Collier.....	16	14	2
10. Columbia.....	285	183	102
11. Dade.....	1,601	1,157	444
12. DeSoto.....	124	91	33
56. Dixie.....	59	28	31
13. Duval.....	2,188	1,055	1,133
14. Escambia.....	718	464	254
53. Flagler.....	37	18	19
15. Franklin.....	51	20	31
16. Gadsden*.....	724	347	377
64. Gilchrist.....	26	25	1
57. Glades.....	20	11	9
65. Gulf.....	24	18	6
17. Hamilton.....	114	60	54
58. Hardee.....	93	84	9
63. Hendry.....	28	9	19
18. Hernando.....	67	44	23
59. Highlands.....	116	65	51
19. Hillsborough.....	1,729	1,269	460
20. Holmes.....	104	98	6
66. Indian River.....	80	42	38
21. Jackson.....	329	180	149

*State Hospital Inmates Included.

BUREAU OF VITAL STATISTICS

Total Deaths by Color and by Counties, 1932 (Continued)

COUNTIES	DEATHS		
	Total	White	Colored
22. Jefferson.....	188	44	144
23. Lafayette.....	34	28	6
24. Lake.....	302	205	97
25. Lee.....	169	115	54
26. Leon.....	341	117	224
27. Levy.....	109	48	61
28. Liberty.....	36	21	15
29. Madison.....	190	72	118
30. Manatee.....	267	172	95
31. Marion.....	415	219	196
67. Martin.....	55	27	28
32. Monroe.....	203	139	64
33. Nassau.....	113	46	67
34. Okaloosa.....	115	103	12
54. Okeechobee.....	29	21	8
35. Orange.....	694	483	211
36. Osceola.....	138	104	34
37. Palm Beach.....	618	344	274
38. Pasco.....	124	92	32
39. Pinellas.....	913	754	159
40. Polk.....	811	566	245
41. Putnam.....	301	147	154
42. St. Johns.....	281	160	121
43. St. Lucie.....	104	62	42
44. Santa Rosa.....	137	104	33
60. Sarasota.....	116	83	33
45. Seminole.....	266	119	147
46. Sumter.....	106	63	43
47. Suwannee.....	163	89	74
48. Taylor.....	101	46	55
61. Union.....	82	51	31
49. Volusia.....	587	376	211
50. Wakulla.....	54	29	25
51. Walton.....	110	87	23
52. Washington.....	94	59	35



HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

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Vol. 25

MAY, 1933

No. 5*

Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

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THIRTY-THIRD REPORT—Hanson

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DIPHTHERIA MORTALITY—Thompson

EPIDEMIOLOGICAL DETECTIVE—Brink

HENRY HANSON, M. D., STATE HEALTH OFFICER

Also Executive Officer and Secretary of Board

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Tallahassee.....	Mark F. Boyd, M. D. (Rockefeller Foundation)
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MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M. D. (U. S. Public Health Service)
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ADMINISTRATION**Henry Hanson, M.D., State Health Officer****THIRTY-THIRD REPORT OF THE STATE BOARD OF HEALTH**

The State Board of Health has just put out its thirty-third report which covers the years 1923 to 1932 inclusive and is entitled "A Decade in Public Health." For various reasons, no annual report has been published during this interval and the State Board of Health staff experienced some difficulty in culling out the most important phases of the activities during so long a period. The report was put out in mimeograph form in order to save expense. For the same reason, we were unable to issue enough copies to make the report available to all who might ask for it. A total of 750 copies was published for the purpose of having copies for the Governor, his Cabinet and members of the Legislature who may be interested in having one. We also must send a copy to each State Health Department, to the Surgeon General and to some of the leading libraries in the country.

In the report the first page shows the Board members, directors and field personnel. Following this, there is a table of contents which gives a fairly good conception of what there is in the report and then there are the letters of transmittal by the President of the Board and the State Health Officer. The first part of the report is a general statement of the program of the State Board of Health, a brief analysis of the leading health problems and a brief discussion of the work in general. There is a complete financial statement for the calendar year of 1932 and for the preceding nine years there is a summary for each year so that anyone interested in what the expenditures of the Board have been may see. Various departments have presented a general discussion of the activities in their respective departments and accompanied this by tabulations and statistics covering the work done. In the statistical report, there are a number of graphs and tables which will be very useful in studying the prevailing conditions in the State. Persons who are interested will have access to the report in libraries.

It is unfortunate that an attempt must be made to report the activities of such a long period of time in any single volume or so small a space as 164 pages. Although it takes time and money to prepare and publish an annual report, the returns are believed to warrant the expenditure. The Board of Health is eager that the public should know what kind of service it is getting for the protection and promotion of health. Without the coöperation of a considerable number of informed persons the efforts of the health staff cannot yield satisfactory returns, hence a health report should be more than a mere record of activities, accomplishments and statistical tables. It should fulfill to a degree, one of the chief objectives

ADMINISTRATION

of the health department; namely, the education of the public in matters pertaining to health. Obviously, this can best be accomplished if reports are prepared and published soon after the completion of the year's activities and it is now our purpose to get out a report early in each calendar year.

LIBRARY

Elizabeth Bohnenberger, Librarian

ADDITIONS TO THE LIBRARY

Quarterly Review of Biology, Vols. 1-7, 1926-1932.

Chemical Reviews, Vols. 1-5, 1924-1928.

Journal of the American Chemical Society, Vols. 38-54, 1916-1932.

Industrial and Engineering Chemistry, Vols. 11-24, 1917-1932.

(The above magazines are the gift of Dr. L. Y. Dyrenforth).

Florida State Geological Survey. Ground Water Investigations in Florida, 1933.

Sawyer, W. L., The Mapping Situation in Florida. Fla. Eng. Exp. Sta. Bull. No. 1, 1933.

Beard, Mary, Nurse in Public Health. N. Y., Harper, 1929.

We are in receipt of the "Spyglass," eight-page newspaper for children recently launched by the American Child Health Association. According to its editor, "'Spyglass' will bring you interesting facts about living things, and will help you to make other discoveries for yourselves." The first number is printed in excellent large type, and contains numerous photographic illustrations of the material presented. We judge "Spyglass" to be intended for children of the eight-to-fourteen-year age group. It is to be published four times a year.

BUREAU OF ENGINEERING

Louva G. Lenert, Director

RELIEF AND PAUPERISM

In casting about for worthy projects to employ labor with Federal relief funds, one of the first to receive approval of the relief administration was work done for mosquito control. One of the first specifications for the use of these funds was that it should be "made" work, or projects which would not otherwise be done. A very strict interpretation was first demanded so that the new work would not in any way interfere or hinder the normal routine of necessary municipal and county maintenance operations.

BUREAU OF ENGINEERING

As the individuals and officials throughout the state (and it is not peculiar to Florida alone) viewed the benefits being obtained with someone else's money, many ways have been devised to obtain some of this "free labor." It may be for draining a particular marsh which is known to be a source of *Anopheles* mosquitoes, or a piece of low ground that only occasionally overflows and renders it unfit for cultivation. City officials see an opportunity to use this fund for cleaning city drainage systems and for the clean-up and collection of rubbish which should never have been permitted to accumulate. All of these are worthy projects; nevertheless they are loaded with precedents which may prove injurious in the future.

For the individual, it is reported on many occasions that the labor on these projects is only from 30 to 60 per cent. efficient. Why should this be true? Perhaps there are certain needy individuals who are unable to undergo the physical exertion necessary to a normal day's labor. This should not be justification for forty to fifty others to "soldier" on the job, a condition which would not be permitted thirty minutes on private work. It is unfair to the individual to permit him to carry on in this fashion and then be paid for actual work. He is rendered unfit for the future, when a day's labor will be demanded for a day's wages.

For towns and cities, it is becoming increasingly apparent that more and more is being demanded of the unemployment relief council, the reason being the same in all instances, that the city has no funds with which to carry on the work. How far the granting of labor for routine maintenance projects should go is a difficult problem. A city government is as susceptible to pauperism as is the individual.

On January 24th, the Director of the Florida Emergency Relief Administration issued an order that no more projects, which contemplated mosquito control measures, would be given approval until they had first been examined and approved in writing by a representative of the State Board of Health. Prior to this date, this Bureau had given approval to many projects throughout the state after a thorough examination had demonstrated their worthiness. The first and largest of these was the program now being carried out in Duval County. Smaller projects in this class are being conducted in many communities.

Since the inauguration of the above program by the Director of Emergency Relief and the State Health Officer, more than sixty projects for mosquito control have been approved by Bureau representatives in 24 counties, and each day brings additional requests for approval. Engineers of the State Highway Department and of the various counties have coöperated in planning these drainage

BUREAU OF ENGINEERING

projects so that they may meet with approval. It is the desire of this department that only meritorious projects be attacked, and that they may be conducted in an efficient manner.

Labor must not regard this work as a dole but must deliver a reasonable day's work. Property owners should maintain their own premises and request only such assistance as will promote the general welfare of the community. Towns and cities should not pauperize themselves to obtain funds for routine maintenance programs.

Successful Water Works Meeting

Attendance at the water works meeting in Gainesville, which was announced in the last issue of Health Notes, far exceeded expectations, with 76 present. All sessions were unusually well attended and great interest was manifested in the laboratory exercises dealing with the chemistry and bacteriology of water.

Papers which were presented at the Wednesday morning session, April 12th, follow:

"Manufacture, Use and Control of Acid with Alum in the Decolorization of Tampa Water"—J. E. Lyles, Chief Chemist, Tampa Water Works.

"Present Requirements of Railway Boiler Water Treatment"—R. C. Bardwell, Superintendent Water Supply, C. & O. Railway, Richmond, Virginia.

"Trans-Florida Canal Investigations and Some Geological Problems Involved"—Edward B. Burwell, Geologist, U. S. Engineers Office, Jacksonville.

"Methods of Exploring Artesian Wells in Florida"—V. T. Stringfield, Geologist, U. S. Geological Survey, Washington, D. C.

"Activated Carbon in Water Purification"—F. E. Stuart, Research Engineer, Industrial Chemical Sales Corporation, New York City.

At the business session the following officers were elected:

Chairman: J. E. Lyles, Tampa.

Vice-Chairman: J. R. Tanner, West Palm Beach.

Secretary and National Director: Louva G. Lenert, Jacksonville.

Directors: Herman Gunter, Tallahassee; Keith R. Chinn, West Palm Beach; George H. Asbell, Daytona Beach.

This year, the proceedings of the Annual Meeting, Florida Section, American Water Works Association, will be published. All who registered for the meeting will receive copies.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M.D., Director****THE EPIDEMIOLOGICAL DETECTIVE**

An account of almost any investigation which leads to the detection of a criminal is full of interest for the average reader. The more difficult and complex the quest the greater will be the reader's interest. Although humans are easily visible and their identification usually not difficult, the capture of criminals and prevention of crime offer a problem difficult even for trained and experienced experts.

If the criminal is microscopical in size, can be identified only by special methods of a highly technical nature, is carried about in food, water or milk, or some innocent human (carrier) and its presence is not suspected until days or weeks after it has begun operation, then the task of the detective—the microbe detective—is complex indeed.

Luckily, there are not a great many varieties of disease-producing bacteria, although their numbers are as the sands of the sea. It is not by slyness or conscious effort that they evade detection but by their very minuteness, their invisibility and the tardiness of their manifestations.

The Technique

When the germ detective seeks the source of an epidemic or outbreak of disease, typhoid for example, he first gets a list of all persons known to have had the disease during the period and in the area under investigation. He then investigates each case individually, sets down on a form provided for the purpose, the age, color, sex and occupation of the patient, the place of employment, date when taken ill and the basis for the diagnosis. He then goes into details as to the source of food and drinks taken during a certain period prior to the onset, approaching this question from every possible angle. He inquires about trips, visits, picnics and socials; about other members of the household, visitors, cooks and nursemaids and about sickness among these, their relatives and associates. He asks for and records facts about their milk supply, ice cream, fountain refreshments, ice, shellfish (oysters) and any other food that might be a vehicle to convey live germs into the mouth. Next comes a careful study of the sanitary surroundings with special reference to sewage disposal, past and present, flies, screens and the presence or absence of dirt—personal dirt and household dirt.

When all this information has been gathered the epidemiologist studies the case histories collectively for any possible source of infection which appears in all or in a considerable number of them. If he has studied a considerable number of cases and his work has

BUREAU OF COMMUNICABLE DISEASES

been thorough he is likely to find that he has data on which to base a very dependable conclusion. His evidence may not be sufficiently direct to warrant a conviction—to hang the culprit—but he is very likely to have unearthed sufficient facts to justify a change in the occupation of a food handler who is a carrier, an improvement in the methods of sewage disposal or prohibiting the sale and distribution of certain foods. Subsequent events very often justify his conclusions and the precautionary measures based on them.

Recent Studies

Investigations recently made by the writer in three of our larger Florida municipalities have brought out some interesting data. All these cities had good water supplies; in none of them had any disproportionate number of the patients patronized any particular dairy, attended any picnic or party together or eaten at any single public eating place. In no instance was the outbreak large enough or explosive enough to indicate that the infection was water-borne. In one city having six cases, five of the patients had eaten oysters raw or slightly cooked and purporting to come from the same producer. Another city had six cases, and all of the patients were reported to have eaten oysters said to have come from another dealer. These facts seem to indicate that oysters were the source of the infection. It should be stated here that the State Board of Health authorizes the sale of oysters from certified beds only and beds are certified only after a most thorough study of the areas and the testing of many water samples for evidences of sewage contamination. Oysters, however, are notoriously mum, they can tell you nothing of their past. Any unscrupulous producer or dealer could place in the market oysters from polluted waters, make a little profit, cause more or less sickness and, if caught, bring lasting discredit on his own and the whole oyster business. To forestall such practice would require honesty on the part of all dealers and redoubled vigilance on the part of the local and state health authorities.

In the third city, there were fifteen cases of typhoid with no common source of infection unless it be connected with the large number of open privies found in the area where most of the patients had lived.

Pensacola seems to have terminated a rather long and undesirable typhoid record early in 1932 through the efforts of the City-County Health Department. An oyster ordinance was adopted, and rigid oyster control instituted. Many of the open privies have been eliminated and this work is still going on.

Why Early Tuberculosis Diagnosis

Infection of an individual with the germs of tuberculosis must take place before he can develop the disease. Much has been said about the dangers of under-nutrition, overwork, dissipation and other hardships as factors predisposing to the development of tuberculosis. These factors are, without doubt, worthy of all the attention they have received, but authorities agree that a greater effort must be made to prevent exposure and infection if rapid progress is to be made in controlling the disease.

The **early diagnosis** of tuberculosis enables those most vitally interested to avoid both the predisposing factors and infection. Good hygienic living will safeguard those not yet infected as well as those who have tuberculosis in its early stages. Patients who, by virtue of **early diagnosis** are so treated that they do not reach the "open" (infectious) stage or are hospitalized or otherwise isolated before reaching that stage, will not become a menace to associates—centers of infection for further spread.

It is seldom possible to provide for the patient in the home the same facilities, the same medical and nursing care that is available in a sanitarium and when it is possible, it is expensive. Nevertheless, home care is the only care available in most Florida cases and if the best interests of the patient and his family are to be conserved, some responsible person in the family, acting as nurse, must be informed in regard to the care of the patient and the protection of his associates. Sanitarium rates may appear high but they are not high when compared with the total cost of home care, which includes food, nursing and special housing arrangements. Then there is the ever present danger of infection, for it is indeed difficult to give complete protection, especially to children in the same home with a consumptive.

The need for **early diagnosis** is closely related to the need for hospital facilities. **Early diagnosis** and hospitalization serve the interests of all—the infected and the uninfected. For **early diagnosis**, go to a reliable physician.

CANCER "CURES"

In the second century, at the time of Galen, the first dietary treatment for cancer was advised, the thought then being that vegetables should be taken in abundance but that walnuts should be avoided, Dr. Alson R. Kilgore relates in the January *Hygeia* in an article on cancer. He comments further that the philosopher who advised against walnuts had grounds as good as those on which certain experts today still plague us and confuse the public mind with foundationless advice about diet.

BUREAU OF LABORATORIES**Paul Eaton, M.D., D.P.H., Director****DIAGNOSIS**

At the risk of being tiresome, it is worthwhile to state again that the Laboratory never makes a diagnosis. Its findings may be the means of deciding between two suspected conditions or may point out an unsuspected condition, but the diagnosis must always be made by the physician who sees the patient and who makes up his judgment on the basis of many facts, one of which is the finding of the Laboratory.

Physicians are often careless in referring to the assistance rendered by the Laboratory so it is not to be wondered at that many lay persons have acquired a mistaken notion about this matter.

An illustration may be of value. An automobile mechanic will measure a certain piston and a certain cylinder and say that "this piston fits this cylinder." But he will not say that these two pieces of machinery will work together properly under all the variations of temperature to which they may be subjected unless he knows a great deal about the materials of which they are made. And this knowledge which he must have is not limited to a knowledge of the chemical composition of the various parts of the machine. He must know how these two materials have behaved when they have been tried before. So when the mechanic says "this piston will work in this cylinder" he does so not on the basis of his measurements alone, but on the basis of previous experience, his own or that of others which he has made his own by reading or otherwise.

Another example: a soil chemist might say, "this soil contains all the elements necessary to grow cotton." If the sample of soil came from Canada, all the analyses the chemist could make in a lifetime would not make it grow cotton, because conditions other than chemical composition would not be right.

Now the human body is much more complicated than is an automobile engine or a piece of soil. It is so complicated in its composition and operation that it is impossible to predict how any individual body will react to any particular food or drug. If there are certain persons who are made violently ill by certain common foods such as eggs or milk (and it is perfectly well known that there are such persons) how much more likely it is that we cannot surely predict the effect on the human body of drugs and of disease germs of which we do not know as much as we do of milk and eggs.

Do not understand me to be deprecating the value of the Laboratory or apologizing for it. It is one of the factors which have brought down the death rate. My sole purpose is to emphasize the fact that judgment based on observation and experience is necessary in deciding on the nature of physical ailments. If a laboratory worker offers to make a diagnosis, it would be perfectly proper to ask him, "Wass you dere, Sharlie?"

BUREAU OF LABORATORIES

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF MARCH, 1933

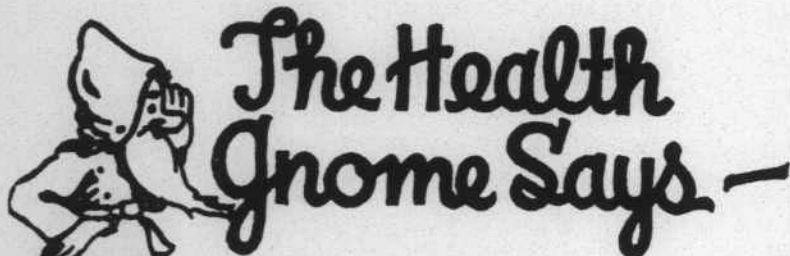
	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites.	3883	1759	361	190	431	6624
Diphtheria	983	1078	69	308	131	2569
Typhoid	528	206	23	27	14	798
Malaria	357	162	27	12	102	660
Rabies	13	1	—	2	—	16
Tuberculosis	232	130	37	105	23	527
Gonorrhea	590	259	40	147	47	1083
Kahn	4210	1832	180	1738	237	8197
Water	—	44	45	260	—	349
Milk	452	434	264	490	160	1800
Miscellaneous	214	45	2	113	4	378
	<hr/> 11462	<hr/> 5950	<hr/> 1048	<hr/> 3392	<hr/> 1149	<hr/> 23001

Specimen containers distributed 7645

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	46 Packages
	5,000 units	14 Packages
Toxin Antitoxin		1776 C.C.
Schick		920 Tests
Toxoid		1190 C. C.
Tetanus Antitoxin	1,500 units	3 Packages
Typhoid Vaccine		3089 Treatments
Vaccine Virus		331 Capillaries
Antirabic Virus		12 Treatments
Carbon Tetrachloride		2775 Capsules

ALL REQUESTS FOR BIOLOGICALS SHOULD BE
DIRECTED TO THE STATE LABORATORY,
STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA



Science and invention

Have done much for folks these days;
Life's happiness has been added to
In a thousand different ways.

Moreover, life is now surrounded

By many fine protections;
Safe water, milk and other things,
Have limited infections.

In fact there never was a time,
When folks were so protected,
Against the evils of the flesh
To which they are subjected.

But all this modern safety

Will amount to almost naught,
If by inexcusable carelessness
You don't do what *you* ought.

So don't forget this simple fact

As you go along your way;
Nine-tenths of the health and vigor game
Depends on how *you* play.

J. C. F.

Pennsylvania's Health, April, 1932.

APRIL HEALTH NOTES—MISSING NUMBER

On the front cover of this issue, it will be noted that there was no April issue of the Florida Health Notes published. In the State Health Officer's section of the March Health Notes, in commenting on a revised budget which seemed unavoidable, the following appeared: "This means the elimination * * * of Health Notes." However, later developments made a change in this decision possible so that beginning with the May issue, Florida Health Notes will be distributed as heretofore.

BUREAU OF VITAL STATISTICS
Stewart G. Thompson, D.P.H., Director

DIPHTHERIA MORTALITY



Figures just released show an increase in the death rate from diphtheria in Florida last year as compared with the previous year. During the calendar year 1932, there was a total of 83 deaths from diphtheria as compared with 74 deaths for the previous year. Last year, the rate was 5.4 per 100,000 population; the rate for the white population was 6.7 and for the colored 2.5.

In the United States Registration Area, from 1917 to 1931, inclusive, the highest rate published for this disease was for 1921, which was 17.7. The lowest published rate for the same period was 4.8 for the calendar year 1931. The lowest rate recorded in Florida from this disease was in 1929 when the rate was 4.7. The highest rate was 10.1 in 1917.

The following table has been prepared for the benefit of those wishing to study the figures from 1917 to date as they pertain to the number of deaths from diphtheria, death rates for the entire population as well as for the white and colored, by years since the time state-wide figures have been available.

**DIPHTHERIA DEATHS AND DEATH RATES PER 100,000
 POPULATION, BY COLOR, 1917-1932**

YEARS	TOTAL		WHITE		COLORED	
	DEATHS	RATES	DEATHS	RATES	DEATHS	RATES
1932	83	5.4	72	6.7	11	2.5
1931	74	4.9	61	5.7	13	2.9
1930	79	5.3	57	5.5	22	5.1
1929	67	4.7	52	5.2	15	5.2
1928	69	5.0	52	5.4	17	4.1
1927	93	7.0	84	9.0	9	2.2
1926	123	9.6	102	11.5	21	5.3
1925	105	8.5	91	10.7	14	3.6
1924	99	8.3	73	9.0	26	6.9
1923	86	7.5	70	9.0	16	4.4
1922	95	8.7	85	11.6	10	2.8
1921	69	6.6	59	8.5	10	2.9
1920	78	7.9	58	8.8	20	6.0
1919	57	6.0	50	8.0	7	2.1
1918	86	9.2	66	10.9	20	6.1
1917	92	10.1	70	11.9	22	6.8

BUREAU OF VITAL STATISTICS

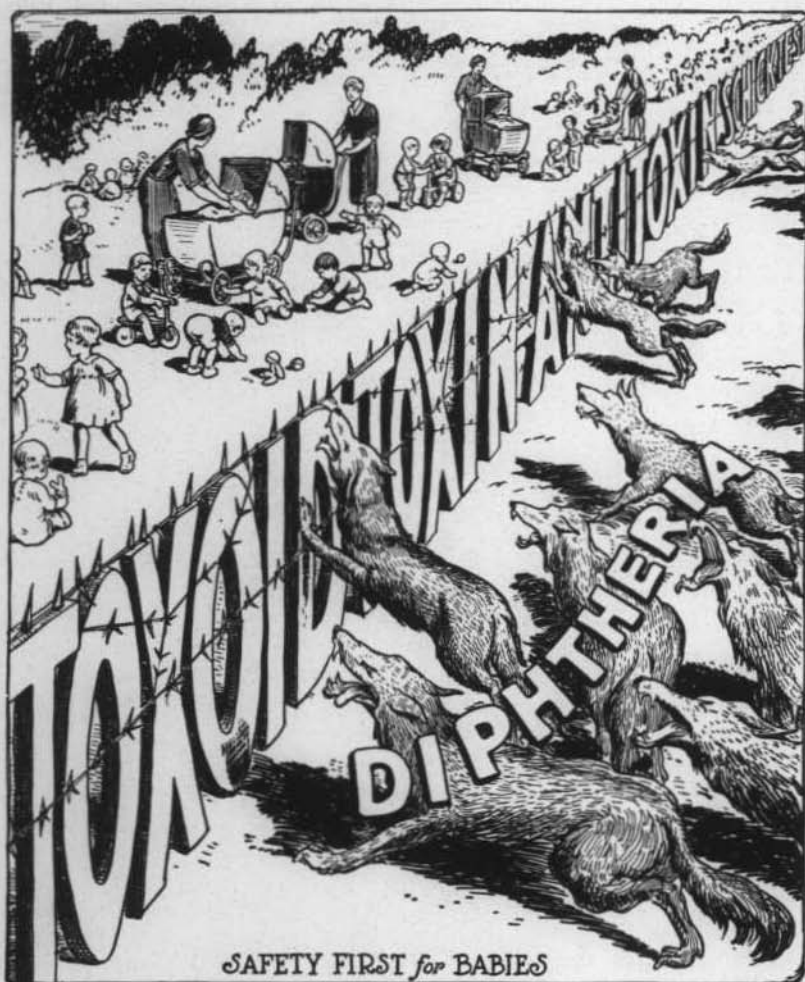
Diphtheria Deaths and Death Rates per 100,000 Population
By Color and by Counties, 1932

COUNTIES	TOTAL		WHITE		COLORED	
	Diphtheria Deaths,	Rates per 100,000	Diphtheria Deaths	Rates per 100,000	Diphtheria Deaths	Rates per 100,000
0. State.....	83	5.4	72	6.7	11	2.5
1. Alachua.....	1	2.8	1	5.0	—	—
2. Baker.....	—	—	—	—	—	—
3. Bay.....	—	—	—	—	—	—
4. Bradford....	—	—	—	—	—	—
5. Brevard.....	1	7.0	1	10.3	—	—
6. Broward....	1	4.3	—	—	1	12.7
7. Calhoun.....	—	—	—	—	—	—
55. Charlotte....	—	—	—	—	—	—
8. Citrus.....	1	17.9	1	25.6	—	—
9. Clay.....	—	—	—	—	—	—
62. Collier.....	—	—	—	—	—	—
10. Columbia....	1	6.8	1	10.9	—	—
11. Dade.....	9	5.5	7	5.3	2	5.9
12. DeSoto.....	4	51.3	4	63.5	—	—
56. Dixie.....	—	—	—	—	—	—
13. Duval.....	9	5.5	9	8.2	—	—
14. Escambia....	7	12.8	7	17.2	—	—
53. Flagler.....	—	—	—	—	—	—
15. Franklin.....	—	—	—	—	—	—
16. Gadsden.....	—	—	—	—	—	—
64. Gilchrist....	—	—	—	—	—	—
57. Glades.....	—	—	—	—	—	—
65. Gulf.....	1	28.6	1	43.5	—	—
17. Hamilton....	1	10.6	1	17.6	—	—
58. Hardee.....	1	9.5	1	10.3	—	—
63. Hendry.....	—	—	—	—	—	—
18. Hernando....	1	20.0	—	—	1	71.4
59. Highlands...	—	—	—	—	—	—
19. Hillsboro....	6	3.6	6	4.4	—	—
20. Holmes.....	4	31.0	4	31.7	—	—
66. Indian River	—	—	—	—	—	—
21. Jackson.....	3	9.3	2	10.2	1	8.1
22. Jefferson....	—	—	—	—	—	—

BUREAU OF VITAL STATISTICS

Diphtheria Deaths and Death Rates per 100,000 Population
By Color and by Counties, 1932

COUNTIES	TOTAL		WHITE		COLORED	
	Diphtheria Deaths	Rates per 100,000	Diphtheria Deaths	Rates per 100,000	Diphtheria Deaths	Rates per 100,000
23. Lafayette.....	—	—	—	—	—	—
24. Lake.....	3	11.8	3	16.3	—	—
25. Lee.....	1	6.0	1	7.9	—	—
26. Leon.....	4	16.2	1	9.5	3	21.1
27. Levy.....	—	—	—	—	—	—
28. Liberty.....	—	—	—	—	—	—
29. Madison.....	2	12.8	1	13.5	1	12.2
30. Manatee.....	1	4.1	1	5.9	—	—
31. Marion.....	2	6.5	2	12.6	—	—
67. Martin.....	—	—	—	—	—	—
32. Monroe.....	—	—	—	—	—	—
33. Nassau.....	—	—	—	—	—	—
34. Okaloosa....	2	20.0	2	21.7	—	—
54. Okeechobee..	1	21.7	1	32.3	—	—
35. Orange.....	—	—	—	—	—	—
36. Osceola.....	1	8.7	1	12.7	—	—
37. Palm Beach..	1	1.7	1	2.5	—	—
38. Pasco.....	—	—	—	—	—	—
39. Pinellas.....	2	2.9	2	3.5	—	—
40. Polk.....	3	3.8	3	4.8	—	—
41. Putnam.....	—	—	—	—	—	—
42. St. Johns....	—	—	—	—	—	—
43. St. Lucie....	1	12.8	—	—	1	47.6
44. Santa Rosa..	—	—	—	—	—	—
60. Sarasota.....	—	—	—	—	—	—
45. Seminole....	1	4.9	1	8.8	—	—
46. Sumter.....	—	—	—	—	—	—
47. Suwannee....	—	—	—	—	—	—
48. Taylor.....	—	—	—	—	—	—
61. Union.....	—	—	—	—	—	—
49. Volusia.....	4	8.5	3	9.0	1	7.4
50. Wakulla.....	—	—	—	—	—	—
51. Walton.....	3	19.9	3	24.4	—	—
52. Washington..	—	—	—	—	—	—



HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

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No. 6

Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

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ADMINISTRATION

Henry Hanson, M.D., State Health Officer

? ? ? ?

WHAT?

It has been a surprise to learn how little thought is given to one of the most important functions of government. Is it appreciated or merely tolerated?

People in Florida have become so accustomed to freedom from epidemics of communicable disease that the branch of government which has brought about this happy state is forgotten. There has been no yellow fever in Florida since 1905. Smallpox has been reduced almost to the vanishing point; the last death from smallpox in this state occurred in June of 1928. In the early days of the State Board of Health, smallpox was one of the most annoying problems, requiring facilities for isolation in each county—quite a contrast to our present almost total freedom from the disease.

In the summer of 1910, there occurred about 400 cases of typhoid in the City of Jacksonville. Now we do not have more than about that number of typhoid cases in a year in the whole state. The diphtheria death rate was high in the old days; fifty per cent of those attacked, died. The use of diphtheria antitoxin brought this rate down in recent years. Only eight per cent of those attacked now die, a remarkable achievement in comparison with what had gone before, but at present eight per cent is too high. It can be (and should be) lowered by early diagnosis and treatment. One could go on citing one instance after another, to show what vast improvements have been made in living conditions and the protection making possible the avoidance of preventable sickness, but it would be a repetition of what has often been said.

Those who are interested in progress in health are referred to the last report of the State Health Department, the 33rd report, where data will show the trend during the last ten years. Although much has been accomplished, and as one prominent business man put it, "your work has been done so well that there is nothing for the average man to worry about," there is still much which should be done.

Those things have been mentioned time and again, amply supported by statistics but "Nitchivo."

People get what they want and if not who is to blame? It is beginning to look as if those who are sufficiently influential to mould public opinion are taking for granted that health conditions will continue good, just as they took for granted in 1929 and 1931, that business was going to improve in spite of all the rottenness and diseased condition of the economic structure. The result however was the most colossal economic collapse known in history. Those who should have foreseen and applied preventive measures, which could have

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saved bewildered humanity the greatest calamity it has ever known (except for the period of witchcraft and fanaticism during the middle ages), showed an attitude either of indifference or ignorance as some are doing now with reference to the future of the public health program.

Insofar as the general health is concerned, people are playing with fire in the powder magazine. The epidemic of indifference is almost nation-wide. It had been hoped that Florida, on account of the importance of advertising health, would maintain a proper attitude toward the importance of safeguarding the health of the state. It is true she has the most wonderful climate in the United States but "Faith without work availeth nothing." The germs work. They, too, thrive in a good climate. One bacterium, reproducing by dividing once every hour, in twenty-four hours would multiply to more than 17,000,000.

Those who have observed the insects think the fate of the human race is going to be like that of the dinosaurs, the mastodons, etc. The present indifference to health measures (in this time of economic stress, a time when active health work would lessen the burden of all who have fallen as well as those who were previously down financially) adds the straw to the load which most of the people are carrying now, which causes more to go to the governmental or local relief centers, and others to collapse entirely.

To the person who has spent the last quarter century in different parts of the world in work for the public health, it is interesting to note that those who get governmental aid, regardless of merit, do so by a liberal use of the "sob stuff." An analysis of relative returns is seldom made. The stitch in time is overlooked until it not only requires nine but ninety-nine.

At present the State Board of Health has been reduced to the lowest income it has had since 1923 when, through a misunderstanding, the millage was reduced from one-half to one-quarter of a mill. The State should provide one mill or some adequate fixed continuing amount for the State Board of Health. If it did, this one act would do more for the restoration of normal times than any other.

The Board is seriously handicapped by the limited personnel in the Nursing Division. At least five more nurses are needed in the work of teaching home hygiene, care in maternity and infancy, tuberculosis prevention and numerous other matters.

Let us hope there will be no hurricanes, floods or epidemics.

LIBRARY**Elizabeth Bohnenberger, Librarian****RECENT MAGAZINE ARTICLES OF
PUBLIC HEALTH INTEREST**

"Limitation to the Application of Social Science Implied in Recent Social Trends" by Charles A. Beard. Social Forces, May, 1933.

"Effect of the Economic Situation on Child Health" by Ella Oppenheimer. Child Health Bulletin, May, 1933.

"Immunological Relationships of Pneumococci and Other Heterophile Antigens and Biological Significance in Pneumococcus Infections" by Howard A. Bailey and May A. Short. American Journal of Hygiene, March, 1933.

"The Doctor's Practical Relation to the Cancer Problem" by William C. MacCarty. Bulletin American Society for the Control of Cancer, May, 1933.

"The Death Rate in the Depression" by W. W. Bauer. American Mercury, May, 1933.

Dr. Bauer concludes his article with the following sentences:

"We might as well face the fact now that we shall pay for this depression not only in reduced incomes, deflated values of real property, depreciated securities, and lowered living standards, but also, unless we are exceedingly wise and watchful, in heavy damages to the health of the nation. Unless we adopt an enlightened and far-seeing policy toward the public health, and refuse to be deceived by the fictitious encouragement derived from superficial consideration of current death rates, our deferred payments in health are going to be even heavier than they need to be."

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M.D., Director****WHAT PRICE "DIARRHEA"?**

Diarrhea, call it what you wish—"colitis," "summer diarrhea," "fermentative diarrhea," "cholera infantum," "intestinal intoxication," "summer complaint," "acidosis," "bacteremia," "dysentery," etc., remains the killer of children under three years of age. Deaths of children under three years of age from this disease in Florida in 1932 totalled 211, ranking first among the infectious diseases as a cause of death.

BUREAU OF COMMUNICABLE DISEASES

The following table shows a summary of some of the common diseases and their comparative importance as a cause of death:

**Deaths Under Three Years of Age for Certain Diseases,
Florida, 1932**

Diseases	Deaths Under 3 Yrs.
Diarrhea, Enteritis and Dysentery	211
Influenza (all forms)	57
Diphtheria	37
Malaria	19
Tuberculosis (all forms)	16
Typhoid	1

What physician, after perspiring freely over perplexing problems ranging from Mrs. Jones' high blood pressure to the intricate details of collecting bills in these hectic days of economic strife, does not ask himself the question:—"What can I give that little fellow with diarrhea who came in today?"

Since the problem of diarrhea in the majority of instances concerns the artificially fed baby, it is essential that we know and do something about the causes that bring about this condition if we are to devise successful methods of prevention.

Food is probably the most important factor because the problems concerning the proper food involve a multitude of things. Milk should be properly prescribed by a physician and demands should be made that it be produced under the most sanitary conditions. Care should be taken that bacteria be kept to a minimum by absolute cleanliness of all utensils, bottles, nipples, etc., after the milk reaches the household. Cereals and vegetables are important to be given early in life as their mineral, caloric and vitamin content is essential in building a sturdy, healthy body which will withstand bacterial invasions while building natural immunity to common diseases.

In order to further protect the child, the matter of sanitation of the child's environment is of great importance in preventing the occurrence of the dreaded diarrhea. Flies should not be tolerated as they carry bacteria from the garbage pails, soiled diapers, open privies, barns and numerous other places whence they come to feed on and with the baby.

And after all, which is the more economical, the building of sanitary pit privies, screening the home, cleaning the barn lot, teaching of everyday household cleanliness and routine care of the babies or being

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in debt to the physician, a patron of the undertaker, an unsanitary nuisance to the community and a general drag on society?

Every physician realizes the importance of preventing this disease rather than depending on our present knowledge of how to cure it.

And every mother, at the first appearance of diarrhea symptoms, should discontinue all food, give plenty of cool boiled water, no drugs or laxatives, and without waiting to see what happens, **call your physician.**

AVOID PELLAGRA

It has been a matter of surprise that there was no increase in the number of pellagra deaths during 1930, 1931 and 1932 over the previous three-year period. The average, in fact, was considerably less during the more recent three-year period but much greater than it was in the period 1923-26. It is earnestly hoped that the rate will fall rather than rise from now on. Whether or not any individual will have pellagra is going to depend principally on the kinds of foods he eats.

Certain foods contain a substance known as Vitamin G or PP (pellagra preventive). Such foods are milk, salmon, tomatoes, eggs, fresh lean beef, wheat germ and whole wheat products. Some of these can be produced at home, others can be had from the stores at low cost. No one who eats fairly liberal portions of these foods each day is likely to have pellagra. It should not require more than average intelligence to carry out this suggestion. A family that keeps a cow and chickens and raises a garden and lives largely from what these will produce is not likely to have pellagra. After the disease appears it is advisable to consult the family physician. Yeast contains a large amount of Vitamin G and hence is of great value in treating pellagra but is not necessary as a preventive if the dietary rules are observed. It is much wiser and safer and easier to prevent pellagra by making the necessary adjustments in the diet than it is to cure it after it is established.

CREEPING ERUPTION—A SUMMER SKIN DISORDER

Few skin diseases produce more distressing or prolonged symptoms than creeping eruption. It is caused by a minute larva (newly hatched form) of a hookworm that ordinarily infests the intestines of cats and dogs. The eggs are deposited on the ground with the stools of these animals. There they hatch and the larva will penetrate the skin where they travel about, producing irregular burrows resembling that of the garden mole. To avoid this distressing condition two precautionary measures are recognized.

(1) Do not let the skin or thin clothing come in contact with the soil, particularly if the soil is wet or the clothing is damp.

(2) Keep all cats and dogs free of hookworms.

BUREAU OF COMMUNICABLE DISEASES

The excreta of cats and dogs may be deposited in garden soil, flower beds, lawns, on the roadside, under houses—almost anywhere in fact. This filth is washed by rains into ditches and ponds. Creeping eruption may therefore attack anyone who goes barefoot or works in the soil, children who wade in puddles or play in the sand, plumbers or motorists or anyone who lies on the ground and perspires. A thorough cleansing bath and complete change of clothing after such exposure will diminish the danger by removing the tiny worms before they get into the skin.

Much can be done by a physician to relieve the patient after the condition is established.

EARLY DIAGNOSIS

In tuberculosis and most other diseases it is of the utmost importance to recognize the condition and start treatment before great damage is done. Early diagnosis often enables the doctor to apply proper remedies in time to save the patient. Many lives are sacrificed each year because the doctor was not called in soon enough. The annual health examination should become a habit. When one is only slightly ill, going to the doctor promptly is better than waiting until the condition becomes desperate.

PUBLICITY FOR PUBLIC HEALTH

The local newspaper is a factor in the life and welfare of a community whose value and importance is too little appreciated. Editors and publishers are boosters. They support any movement that will benefit the home town and county. Public Health workers miss a golden opportunity if they fail to cooperate with publishers by furnishing them with the important information and news about health. The work of the health official is of daily interest to the public. His constant endeavor is to point out to his people the things that will promote their well-being, increase their happiness and prolong their lives. What could concern them more?

Those who do not esteem their own ability as writers will find many health publications that are replete with material which can be revised, given some local color and used to great advantage. **Health Notes** and other Florida State Board of Health bulletins should be filed and used as the need arises.

We should like to see in every Florida newspaper every week some article about how to promote health in Florida—something about protection from communicable diseases, diphtheria, typhoid, malaria, hookworm, etc., something about sanitation, safe water supplies, diet, child hygiene, home nursing or some one of the many important phases of health.

BUREAU OF LABORATORIES**Paul Eaton, M.D., D.P.H., Director****HUMAN NATURE**

It is a strange thing that there should be more controversy over the protection against smallpox than over the prophylactic measures more recently developed.

Vaccination against smallpox is more certain than immunization against typhoid fever or diphtheria. It has changed smallpox from a disease of children to a disease of adults. It has almost completely done away with what Mark Twain said was, in the Middle Ages, the most popular decoration in England, "the waffle-iron face." It has never failed to check an epidemic of smallpox even when all the other methods that had been tried had failed. How does it happen then that in the face of these facts there are so many "anti-vaccinationists," "conscientious objectors," etc.?

It is a little hard to answer this question. It is my idea, based on about thirty year's observation, that there are not so many of these "anti-vaccinationists" as the noise they make would indicate. On several occasions, I have observed that when an outbreak of smallpox made its appearance, the loudest anti-vaccinationists were among the first to present themselves (and their children) to be vaccinated.

At least a part of all this objection to compulsory vaccination comes from a misinterpretation of the views of a few very prominent health officials who are strongly opposed to compulsory vaccination in childhood. The cultists who oppose this measure point to these authorities with loud shouts of glee. They think that there is dissension in the ranks of "Public Health" on this subject.

It is admitted that a few prominent health officers, particularly in England, are opposed to compulsory vaccination in childhood, but if the "anti's" understood the reasons advanced by these gentlemen, they would not make so much fuss about the matter.

No competent Health Officer I ever heard of objects to vaccination on any ground other than that of its very effectiveness. The few dissenters above referred to base their stand on the fact that general vaccination in childhood makes the disease so uncommon that the general public from ignorance becomes scornful of the disease. They further reason that an epidemic of smallpox every few years is more apt to cause adults to be vaccinated and that on the principle of the "greatest good to the greatest number" the damage from the cases that occur in children is more than overbalanced by the benefit derived from the wider vaccination of adults thus obtained.

It is all in the way you look at it.

BUREAU OF LABORATORIES

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF APRIL, 1933

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	2699	1189	310	205	500	4903
Diphtheria	725	233	35	194	56	1243
Typhoid	399	149	23	43	29	643
Malaria	352	133	25	30	117	657
Rabies	17	3		1		21
Tuberculosis	202	124	24	61	22	433
Gonorrhea	592	236	37	119	41	1025
Kahn	3651	1728	152	1135	198	6864
Water		44		202		246
Milk	577	664	305	618	117	2281
Miscellaneous	189	22	39	159	6	415
	9403	4525	950	2267	1086	18731

Specimen containers distributed 6031

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	18 Packages
	5,000 units	9 Packages
Toxin Antitoxin		576 C.C.
Schick		5130 Tests
Toxoid		2642 C.C.
Tetanus Antitoxin	1,500 units	2 Packages
Typhoid Bacterin		4354 Treatments
Vaccine Virus		1350 Capillaries
Antirabic Virus		26 Treatments

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD
BE DIRECTED TO THE STATE LABORATORY,
STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA

BUREAU OF ENGINEERING**Louva G. Lenert, Director****WHAT IS GRADE "A" MILK ?**

Wherever mention is made of the quality of milk one invariably hears the term Grade "A." It might be well to look through our public health references and find just what this term signifies.

The first real sponsor for this grade designation as a universal measure for good milk was the United States Public Health Service. More than eight years ago, in an effort to provide an instrument whereby local and State health agencies could supervise the sanitary production and handling of this very important food product on a uniform basis, in cooperation with every known organization concerned in the quality of milk the Service evolved what was known as the Standard Milk Ordinance.

Under the terms of this ordinance, milk was graded according to sanitary quality. The term Grade "A" was decided on as a means of indicating to the prospective consumer that the milk so labeled was drawn from healthy cows, was handled in conformity with the requirements of the ordinance and, as such, was a food which could be used with confidence. Grade designations of "B," "C," and "D" were also provided to show that milk so labeled was of a correspondingly lower grade and did not compare favorably with the Grade "A" product. This basis of grading is still employed.

The sanitary requirements for the production of Grade "A" raw milk are herewith summarized. The milk must come from healthy cows, free from tuberculosis, or other diseases. Milking must be done in a well ventilated barn, provided for the purpose. The floors of this barn must be constructed of concrete, graded to drain, and kept clean. Barn walls and ceilings must be of reasonably smooth construction, either painted or whitewashed, and kept free from dirt. Accumulations of manure on or around the dairy premises are not tolerated. Sanitary toilet facilities, of a type approved by the State Board of Health must be provided and properly maintained. Milk must be immediately removed from barn to a milk house used for no other purpose than the handling and storing of milk, and there cooled to a temperature of 50 degrees F., or less, and kept thereat until delivery. The floors of this milk house must be of concrete and provided with adequate drainage. Walls and ceilings must be of smooth construction and painted with a light colored paint. Floors, walls and ceilings must be kept clean at all times. The milk house must be effectively screened against flies. An adequate supply of water of a safe, sanitary quality must be provided, checked by frequent laboratory examinations. All dairy utensils must be washed in hot water, and then sterilized by the use of either steam or approved chemical solutions. In either case, the particular method used

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is checked by the inspector to insure proper results. Where steam is used, the temperatures obtained are checked by the use of a built-in thermometer. Where chemical sterilization is depended upon, a three compartment sink is essential, and the strength of the chlorine solution used is made a matter of inspection routine. Utensils, thus sterilized, must be so stored as to prevent contamination before being used again. Udder, flanks and teats of milking cows must be clean. Milkers' hands are washed and disinfected and their clothes clean at the time of milking. Physical examinations of all persons handling milk are made to insure their being in good health. This examination includes the laboratory examination of body discharges to guard against typhoid carriers coming in contact with the milk supply. All Grade "A" milk must be bottled and capped by machine. Hand capping is prohibited. Routine laboratory examinations of the milk itself are also conducted, and the average bacterial count of Grade "A" milk must not exceed 50,000 bacteria per cubic centimeter.

Grades "B" and "C" raw milk must be produced on dairy farms conforming to all of the items of sanitation specified for Grade "A," except for an allowance for higher temperature and bacterial counts. Grade "D" raw milk includes all milk not conforming to the first three grades, is a low grade product and should be used for cooking purposes only. Grade "A" or "B" raw milk, pasteurized in a plant conforming in construction, equipment and operation to ordinance provisions is Grade "A" Pasteurized Milk.

Having become familiar with the Grade "A" designation on the bottle cap the general public realizes its significance, and expects to find milk so labeled of unquestionable quality. Unfortunately, this is not always true. The sales value of the Grade "A" cap is apparent to the dairyman, and is sometimes used in an unauthorized manner. This is particularly true in some of the smaller communities throughout the State where there is no local supervision over the milk supply. In instances of this kind the uninspected milk is invariably labeled Grade "A," a condition which is deplorable but difficult to control. Naturally, the mere use of a Grade "A" cap on a bottle of milk so produced, is a direct misrepresentation. Again, some City health departments, realizing the public acceptance of the Grade "A" designation, use it in locally conceived ordinances, the provisions of which, more often than not, are vastly different, inadequate in sanitary fundamentals, and consequently less effective than those of the Standard Milk Ordinance, on which the State Board of Health program of state-wide milk control, is based.

The supervision of any milk supply is primarily the responsibility of the city or town consuming the milk, in the administration of which State authorities should act in an advisory capacity. Much will be gained by this method of control. In cities operating under the

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Standard Milk Ordinance, the local authorities can be instructed in proper enforcement methods, and sufficient contact can be maintained to know that the ordinance is properly enforced. By this same means it will be possible to know which dairies are entitled to use the Grade "A" label, and be governed accordingly.

Twenty-five cities are actively participating in this program and are listed below:

Boynton	Jacksonville	St. Petersburg
Bradenton	Kelsey City	Sanford
Coral Gables	Manatee	Sarasota
Daytona Beach	New Smyrna	Tallahassee
DeLand	Okeechobee	Vero Beach
Delray Beach	Palmetto	Winter Garden
Ft. Pierce	Pensacola	Winter Haven
Haines City	Punta Gorda	
Homestead	Quincy	

Placards are being furnished for display in cafes, hotels, soda fountains, etc. in above named cities, which indicate to the consumer that the Grade "A" milk placed on sale is produced under the provisions of the Standard Milk Ordinance and the grade is endorsed by the State Board of Health.

Grade "A" milk, labeled under the above restrictions is a product in which confidence can be well placed. The need for it in the daily diet of young and old cannot be overemphasized.

MILK SCHOOL

The first milk school for dairymen and their employees was held in DeLand on April 28th. Twenty-three dairy operators, representatives of the pasteurizing plant, city health officer, and S. D. Macready, Milk and Dairy Specialist of the State Board of Health participated. All items of the Standard Milk Ordinance were discussed fully and everyone present was urged to ask questions. The response was very gratifying and the reaction somewhat unique. Dairymen, on the whole, have usually regarded an inspector as a trouble-maker and a nuisance. This school demonstrated that the dairyman welcomes the opportunity of improving his product if a uniform, workable guide is presented to him in simple form, all ambiguity eliminated.

Similar schools will be held very shortly for dairymen at Sarasota and later at Bradenton, Palmetto and Manatee.

BUREAU OF VITAL STATISTICS
Stewart G. Thompson, D.P.H., Director

BABY-TOWN TO ADULT CITY



The baby of today will be the adult of tomorrow. It might, therefore, be interesting to study from the vital statistics records some of the happenings in "Baby-Town," "En Route" and in "Adult City." We are planning to present this in three articles, using the divisions as just stated. This article will have to do with the mythical town of babyhood.

For convenience, we will consider the population in Baby-Town to include babies during their first five years of life. Baby-Town in Florida, on this basis, had a population in 1930, according to the United States Bureau of the Census, of 141,832. Of this number, 71,819 were boy babies and 70,013 were girl babies. There are two mythical residential districts in Baby-Town. In one district there are 101,289 white babies and in the other district, 40,543 colored babies. Last year, the number of births in excess of deaths for the first five years of life was 25,230. This gives the known increase in the population of Baby-Town last year. During the past decade, the greatest saving in human life has been made during the first few years of age. The question of health, prevention of disease, and welfare in Baby-Town is, therefore, of the greatest importance to the State of Florida.

Last year, 2,181 deaths occurred in Baby-Town. Of this number, 323 were from infectious and parasitic diseases; 109 deaths were charged to accidents; and 772 to diseases of early infancy. Some of the important causes were as follows: 220 deaths occurred from pneumonia (all forms); 211 from diarrhea and enteritis; 68 from influenza (all forms); 58 from diphtheria; 31 from malaria; 30 from whooping cough; 22 from automobile accidents; 20 from tuberculosis (all forms); and 17 from tetanus. The number of deaths from preventable diseases, accidents, etc., is, therefore, entirely too high. Proper care and protection of the baby during the first five years of life will increase the greatest asset in the State of Florida.

In this age when protection is available from smallpox, diphtheria, typhoid fever, malaria, and other deadly diseases, it is unfortunate to have so many deaths recorded in the State Board of Health, making a public admission that adequate protection is not being given to the inhabitants of Baby-Town. Our own state, as well as the entire population of the world, has been undergoing financial hardships. It may be unreasonable to ask for adequate appropriation for the protection of the inhabitants of Baby-Town in Florida, but we plead with the officials controlling the division of the public budgets to think seriously of the lives of the babies that are un-

BUREAU OF VITAL STATISTICS

necessarily stamped out and use their best wisdom in appropriating, as far as possible, necessary money for the protection of the babies who are now well and happy. If the money appropriated is wisely spent in the employment of trained personnel, capable of teaching sanitation and child hygiene, it will prevent a great deal of misery, sickness and death among the inhabitants of Baby-Town.

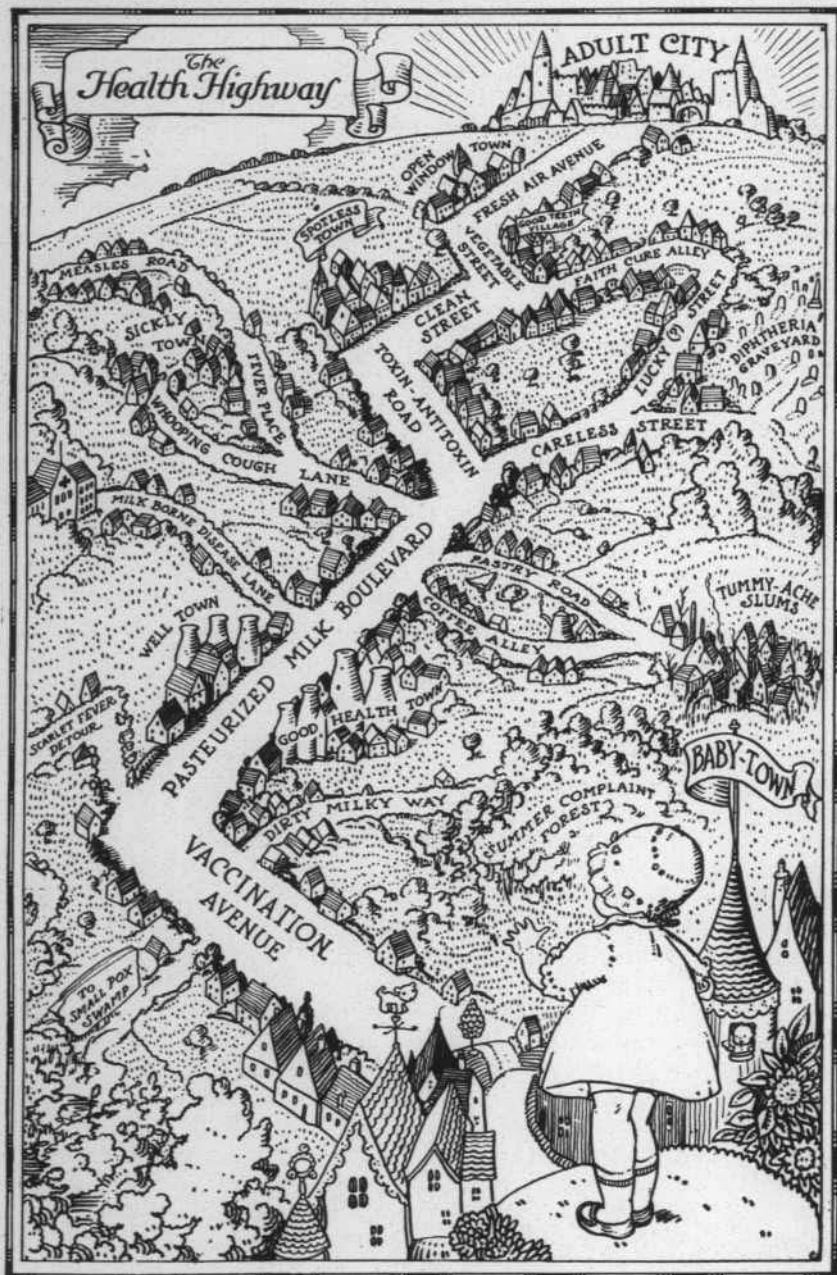
The cartoon on the back of this issue is of unusual interest and is worthy of careful study. The Health Highway from Baby-Town to Adult City is carefully marked for the protection of the traveler. Many detours, lanes and other streets are shown that lead to disaster if followed carelessly.

It is assumed that the inhabitants of Baby-Town are living inside of the town during the first five years of life. In an early issue, we hope to follow these inhabitants on their journey from the ages of five to twenty years. This will deal with the travelers enroute from Baby-Town to Adult City. The third article of the series will have to do with the inhabitants of Adult City, assuming that, after the age of twenty-one, an individual has reached that destination.

Deaths from Important Causes, 0 to 4 Years, Inc., Florida, 1932

Causes	Total	White	Col.
Premature Birth	518	317	201
Pneumonia (all forms)	220	127	93
Diarrhea and Enteritis	211	126	85
Ill-defined or Unknown	156	49	107
Congenital Malformations	107	87	20
Congenital Debility	103	46	57
Injury at Birth—Cesarean Operation	97	76	21
Influenza (all forms)	68	29	39
Diphtheria	58	50	8
Syphilis	50	9	41
Malaria	31	19	12
Whooping Cough	30	16	14
Convulsions	24	7	17
Intestinal Obstructions	23	13	10
Automobile Accidents	22	17	5
Tuberculosis (all forms)	20	10	10
Accidental Burns	20	12	8
Tetanus	17	6	11

A PAGE for the CHILDREN



HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

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No. 7

Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

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Also Executive Officer and Secretary of Board

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Leland H. Dame, M. D.
Inverness

Harry Dash Johnson, M. D.
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Jacksonville.....	Lalla Mary Goggans, R. N.
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Tampa.....	Julia O. Graves, R. N.

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Tallahassee.....	Mark F. Boyd, M. D. (Rockefeller Foundation)
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CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph. D. (U. S. Bureau Entomology)
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Perry, Taylor County.....	W. A. McPhaul, M. D.
Tallahassee, Leon County.....	W. H. Y. Smith, M. D.
Pensacola, Escambia County.....	L. J. Graves, M. D.

ADMINISTRATION

Henry Hanson, M.D., State Health Officer

THE BOARD OF HEALTH

Health Notes extends greetings to the newly appointed members of the State Board of Health. The following men have been appointed on the Board: Dr. N. A. Baltzell of Marianna; Dr. Leland H. Dame of Inverness; and Dr. Harry Dash Johnson of Daytona Beach.

This is the first time in many years that a Board of Health has been composed of medical men actively engaged in the practice of medicine. While the retiring Board, consisting of Dr. H. Mason Smith of Tampa, President; Dr. H. E. Palmer of Tallahassee, member; and Dr. Edward M. L'Engle of Jacksonville, member, were all physicians, Dr. L'Engle for many years has not been actively engaged in the practice of medicine or other lines of the profession. When the writer first came to Florida, the State Board of Health had one doctor and two business men on the Board. This set-up prevailed for many years. Some Governors have considered what is known as a composite board as their choice for the management of the State Board of Health. A composite Board has been proposed, to consist of one physician, one lawyer and one outstanding business man. The law covering the appointment of the State Board of Health does not specify that the Board shall consist either of all business men or all professional men. It simply states that the Governor shall appoint three discreet citizens, who at the first meeting of the newly appointed Board shall elect one of their number as president. Under the old law, which was passed in 1889, the State Board of Health elected a State Health Officer, who became secretary and executive officer of the Board. This portion of the law, however, was changed in 1929, making the position of State Health Officer an appointive one requiring appointment by the Governor. The 1929 law, however, provides that the State Health Officer shall be executive officer and secretary of the Board.

The problem confronting the State Board of Health is to shape a program which shall continue the most important activities of the department and adjust it to a reduced budget. The appropriation authorized by the Legislature specified a total of \$179,600. This is approximately \$30,000 less than the reduced budget on which the State Board of Health operated during the last fiscal year. The problem is made more difficult by the fact that the Director of the Federal Budget has curtailed the Public Health Service in its contribution to the development and maintenance of full-time county health units. In fact, this part of the United States Public Health Service's activities has been practically wiped out. The Public Health Service had an appropriation from Congress of approximately \$300,000 for county health unit aid. The Director of the Budget cut this amount to

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\$25,000. Previous to this Act, Florida had received at the rate of seven to ten thousand dollars a year for county health unit development. This has been completely wiped out. There is a ray of hope, however, for the continuation of the units on a reduced scale through aid from the Rockefeller Foundation. During the time of the State Health Officer's attendance at the Conference of State and Provincial Health Officers and the Surgeon General's Conference, the representatives of the Rockefeller Foundation, Drs. Ferrell and McIntosh, expressed their hope that the county units in Florida might continue because of the high character of the work done in the Florida county health units. At that time these representatives felt that they could recommend some aid but they did not know how much. \$2,000 was regarded as certain but it was hoped that \$6,000 might be obtained. Word has just come through that \$4,000 has been made available by the Rockefeller Foundation for the continuation of two or three county units now in existence in Florida.

The State of Florida has received very important aid from the Rockefeller Foundation in the establishment of the Malaria Research Station with its headquarters at Tallahassee in quarters made available by the Woman's College. It has also aided the State by a grant for the medical and public health library located in Jacksonville. Further aid has been granted in providing a sanitary engineer for special mosquito control work in Leon, Taylor and Escambia Counties and now again the Foundation has come to our assistance with a cash grant for the continuation of our county health units.

Other organizations which have rendered valuable scientific aid in Florida are the following:

The United States Public Health Service in its efforts to develop county health units, later in the shifting of Dr. T. H. D. Griffiths' headquarters from Albany, Georgia, to Jacksonville to take over the direction of the State Board of Health's malaria control study program. Those who are interested may find a preliminary statement of this work in the 33rd report of the State Board of Health.

Third, we have some of the leading entomologists of the United States Bureau of Entomology located in the State and coöperating effectively with the State Board of Health in the study of insects known to be transmitters of diseases of man.

PROSPECTS FOR THE COMING YEAR

The State Health Officer had hoped that more extensive work might be done in regard to the life and health of mothers and infants. It was hoped that we might take up a part of the child hygiene and nursing program which was dropped last year. Considerable progress has been made in the control of midwives. It was hoped

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that the Legislature would pass the bill which was introduced as a substitute for the law passed in 1931, under which the midwife control would have been much more effective. This bill did not aim to do away with midwives as some have thought, but simply to eliminate the most ignorant and the most dangerous to the women who might need services of this kind. The bill passed the Senate as Senate Bill Number 212 and was placed on the calendar in the House, where it apparently died in the rush of the closing days of the session. We will now have to continue another two years under the old law, hoping that we may be able to secure the needed legislation next time. The changes in the substitute law implied no additional expense to the State. There is great need for more State Board of Health nurses, who should also be used as advisers and consultants to local nursing groups where in some places they are working independently and without the supervision of a health officer.

In August an institute for colored midwives will be held at the A. and M. College in Tallahassee.

CROWDING ALL SPORTS INTO HOLIDAY BRINGS WORN VACATIONIST TO DOCTOR

Rest is Important Factor in Planning Valuable Schedule Sedentary Person Should Not Play Too Strenuously

And now the art of vacationing! Is it an art? Indeed it is, according to T. D. Irwin and Dr. N. M. Hochberg who write on that subject in the June issue of *Hygeia*.

Many thousands strive to stuff every pleasure within reach into the limited two-week period allotted each year. No wonder they need not only a physician but a real vacation when the holiday is over.

With the open season for vacations approaching, the physicians will soon be confronted with their periodic parade of patients seeking to recover from their annual spree.

From both a medical and a common-sense point of view, a vacation should be a period of mental and physical rest, with a change of scene if possible and companionship that is agreeable. For the husband and wife who are compatible, a vacation need not mean a separation but merely a change of scene.

The sedentary person accustomed to service all his life should not plan too ambitious a program. Unless a person is in the pink of physical health, able to stand the tedium and the grind of daily making and breaking camp, and thoroughly conversant with camp life and its dangers such as questionable water supplies and garbage disposal, this type of vacation is probably the worst that could be selected.

BUREAU OF ENGINEERING**Louva G. Lenert, Director****OPPORTUNITY PLUS**

With the enactment of the National Industry Recovery Act the Administration at Washington has opened the door of opportunity for every worth while public improvement, provided it is acted upon quickly. This opportunity is particularly applicable to improvements or installations of water works, sewer systems and sewage treatment works.

The principal objective in administering this Act will be in getting the money out quickly, and it is extremely important that those who wish to obtain the benefits of relief from this quarter should act with dispatch.

From many quarters will be heard objections to joining in the parade for recovery by authorizing needed public works. The conversion of this element is essential to the successful administration of this Act and quick recovery which is expected therefrom. Private interests and governmental agencies have attempted to meet their budgets by wage cuts and reduction of personnel with further distress as a result.

Speaking before the American Water Works Association in Chicago a few days ago, Colonel Willard T. Chevalier, of Engineering News-Record, very ably summed up present methods in the following statement.

"We cannot liquidate our investment in human souls. If private industry drops men from its payrolls they must be and are put on the public payroll. We are now embarking on a program which contemplates work at normal tasks instead of breadline charity. It is the only program with a future."

Those charged with the affairs of government have a tremendous obligation to the people at this time. Never has the opportunity presented itself before and probably never will it be repeated, this of making bargain investments in needed improvements. Complete waterworks installation where none now exist, new supply works or additions thereto, new filtration works or betterments of existing works, elevated storage on distribution system, reinforcement of distribution system necessary to proper fire protection, extension of distribution systems to serve outlying districts entitled to water service, meterization, equipment such as reserve pumping equipment, master meter service for proper records, trucks and repair and construction machinery, sewer installations and extensions, sewage treatment works and other necessary sanitary and public health work are within the purview of this Act.

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This is being written in advance of official release of information from Washington, but from authoritative sources we learn that the Act will be administered as follows: State administrators will be appointed whose principal duties will include getting work organized, approved and under way. Twenty-five year loans will be made, if desired, with interest at $3\frac{1}{2}\%$ and amortization at $2\frac{1}{2}\%$. This applies both to public and private works. However, on public works the Federal Government makes a direct grant of 30% of the cost of labor and materials (about 25% of the total cost), and lends the other 75% on the above terms. Advances include money for engineering, plans, and a 2% charge for Federal overhead. Upon proof of intent and possibility of early construction, preliminary and organization expenses will be advanced to pay for plans. If desired or necessary, a portion or all of the above grant may be used to defer payments of interest and amortization for the first few years. This will, of course, increase payments required annually in the balance of the period. Should the community not be able to provide a satisfactory security for the 75% loan the Federal Government may construct the works under contract with the community for annual rental payments.

The entire amount of loans will not be paid at one time, but will be disbursed as required from engineers' estimates, probably by the U. S. Engineers Corps. Projects must be economically sound, of course, and should be free from controversy. The local budget must also be in balance or in process of being balanced.

Financing is said to contemplate acceptance of bonds at face value and that the interest rate will approximate the Federal rate, which is about $3\frac{1}{2}\%$. For non-revenue projects general obligation bonds will be satisfactory. For revenue-producing projects, revenue bonds will be considered in localities where legal authority exists for their issuance. It is probable that special assessment bonds will also be eligible.

The annual cost (interest and amortization) for 25 years of all the money provided to pay the project cost including grant and loan is only $4\frac{1}{2}\%$ of the project cost, or a total payment of $112\frac{1}{2}\%$ of the project cost spread over the 25 years. In addition to this it must be considered that cost of labor and materials are probably at the lowest ebb they will likely reach in this generation. The cost of necessary works today will be far below what will be required during normal times and the present generation can profit by their immediate use. The Federal financing that is offered under the Act makes it possible to provide jobs for the unemployed in place of the dole paid out of current funds. The cost of the jobs is spread over twenty-five years, thus reducing a mounting expense in the annual budget and aiding in

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bringing the budget into balance. The effect on budget balancing is double barreled in that the wages from jobs will permit rents to be paid, thus making possible payments of current and delinquent taxes. Thus, municipal revenue is increased at the same time that expenses are reduced.

The Act provides a tax for its operation and retirement of bonds which may be issued, the entire nation paying the bill. Florida cities can now avail themselves of this opportunity to place their water and sewage facilities on a satisfactory basis for the future, or they can sit still and let this golden opportunity, which probably will never be repeated, pass.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M.D., Director

SUNBURN

Every summer thousands of children and adults have to learn by painful experience that for sunburn "an ounce of prevention is better than a pound of cure." We have seen people get severely burned right through an ointment or cream the makers of which claimed that it would prevent sunburn. They make it to sell. For the cure of sunburn, time is essential. Local applications may relieve the distress a little. Your doctor should be your advisor and not the advertiser who uses the printed page or the radio.

Sunburn not only produces a severe local effect on the skin but much general discomfort, fever, loss of appetite and vomiting. To avoid all this suffering it pays well to exercise the necessary care.

To avoid sunburn, avoid exposing the untanned skin to bright sunlight for more than ten minutes.

Safe Time of the Day

Until 10:00 a. m. and after 4:00 p. m. the rays that burn are mostly filtered out on their way through the atmosphere, while the shorter "health rays" pass to the earth's surface. Sun bathers can, therefore, get a longer and more effective exposure without sunburn during the early morning and late afternoon hours.

A person with tuberculosis of the lungs should sun bathe only under the closest supervision of his physician.

ABOUT CHILDREN'S DISEASES

See Your Doctor

Diphtheria can now be prevented by two treatments with toxoid, a product which stimulates active permanent immunity. At six to

BUREAU OF COMMUNICABLE DISEASES

nine months of age is the time to give it. Are you parents interested in forestalling a situation that would be most distressing to yourselves and painfully dangerous to your precious child?

Smallpox used to be a disease of children. Vaccination is so potent a control measure that few persons now have the disease and most of its victims are adults. A vaccinated person is protected. Smallpox occurs in cycles. During an outbreak there is wholesale vaccination which stamps it out. When a new generation of unprotected persons have grown up and the infection is introduced then it spreads and there is again a great rush to get vaccinated. A virulent form of smallpox often breaks out, then many lives are lost and many are pock-marked for life before it can be controlled.

For public and individual health it is better, safer and much less troublesome to be vaccinated in the first year. In a baby it is easy to protect the vaccination from injury and street dirt. Parents, the responsibility is yours.

Typhoid can be prevented by inoculation. A considerable portion of the typhoid cases reported are in children. Pre-school children are not too young to have it. You should get them immunized before going on that vacation trip or sending them to school (but do not let them drink from questionable water supplies). It is better to be safe than sorry.

Measles, whooping cough and all the eruptive fevers of children are to be avoided by keeping all sick children at home and excluding susceptible children from contact with the patients.

When you want advice about protection for your children, when you want them immunized and when they are ill, **see your doctor.**

SANITATION

The English word *sanitation*, taken directly from the Latin *sanitas*—health, means "The establishment of environmental conditions favorable to health." That is the business of the State Board of Health and all local health workers.

Hookworm disease is one of the important health problems in the South that can be controlled in only one way and that is sanitation. Only one environmental factor is involved and that is soil contamination with human excreta. Laboratory tests and treatment are of value but hookworm eradication depends on sanitation, sanitary privy construction, sewage disposal and preventing soil contamination. Now that so many people are unemployed, there is ample time for the things that have been neglected—time to think and act. Let every man be his own sanitarian and establish favorable environmental conditions at his own home for his own family.

BUREAU OF LABORATORIES**Paul Eaton, M.D., D.P.H., Director****HISTORY**

The following quotation is taken from a copy of "Harpers New Monthly Magazine," published December, 1870.

Organic Matter in Water

"In a paper on organic matter in water Dr. Keisch states that the addition of a few drops of sewer water to cane-sugar solution starts a kind of fermentation, and when examined under a microscope the turbid liquid is found to be full of small spherical cells. Boiling does not seem to destroy the vitality of these organisms, filtration through a good bed of animal charcoal being the only effectual mode of removing them. It is, however, necessary to renew the charcoal from time to time, else it loses its purifying quality, and leaves the water as bad as before. These cells are quite peculiar in their character, and are not removed by filtering the water through the finest Swedish paper; and whenever they are found in water apparently pure in its source their occurrence may be directly referred to contamination by sewerage water."

When it is remembered that the science of Bacteriology had not been established at the time this was printed, it will be of interest to note that at the present day a very similar method is used for detecting the contamination of water with "sewer-water." We use for this purpose a solution of lactose, or milk sugar, instead of cane sugar, although the latter is widely used for other purposes in the bacteriological laboratory.

On the basis of what is said about the ability of the fermenting matter to resist boiling, it is quite proper to assume that the organisms referred to were what we call "spore-bearers." These bacteria have a resting stage (or spore) in which they can withstand boiling (in pure water), some of them as much as three hours.

Doubtless many observations of this kind were made and recorded before the genius of Pasteur made it possible to correlate them as different manifestations of one general process, viz: bacterial activity.

We know that bacteria and their spores can pass through the finest filter paper but we know, too, that a bed of charcoal will stop them for a while.

Furthermore, we have learned that even a bed of sand will take bacteria out of water, and on this latter fact is based the chief method by which cities are protected against contamination of their water supplies, that is, sand filtration.

BUREAU OF LABORATORIES

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF MAY, 1933.

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1785	453	209	152	165	2764
Diphtheria	578	184	42	118	32	954
Typhoid	572	218	30	42	54	916
Malaria	473	196	32	31	165	897
Rabies	18	7	..	3	...	28
Tuberculosis	232	185	25	44	21	507
Gonorrhea	671	281	47	116	58	1173
Kahn	4514	1691	301	1451	287	8244
Water		39	45	262	...	346
Milk	386	386	2	749	161	1684
Miscellaneous	259	21	9	247	7	543
	<u>9488</u>	<u>3661</u>	<u>742</u>	<u>3215</u>	<u>950</u>	<u>18056</u>
Specimen containers distributed						5627

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	31 Packages
	5,000 units	9 Packages
Toxin Antitoxin		1893 C. C.
Schick		850 Tests
Toxoid		1562 C. C.
Typhoid Bacterin		2219 Treatments
Vaccine Virus		712 Capillaries
Antirabic Virus		11 Treatments

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD
BE DIRECTED TO THE STATE LABORATORY
STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D.P.H., Director****ENROUTE TO ADULT CITY**

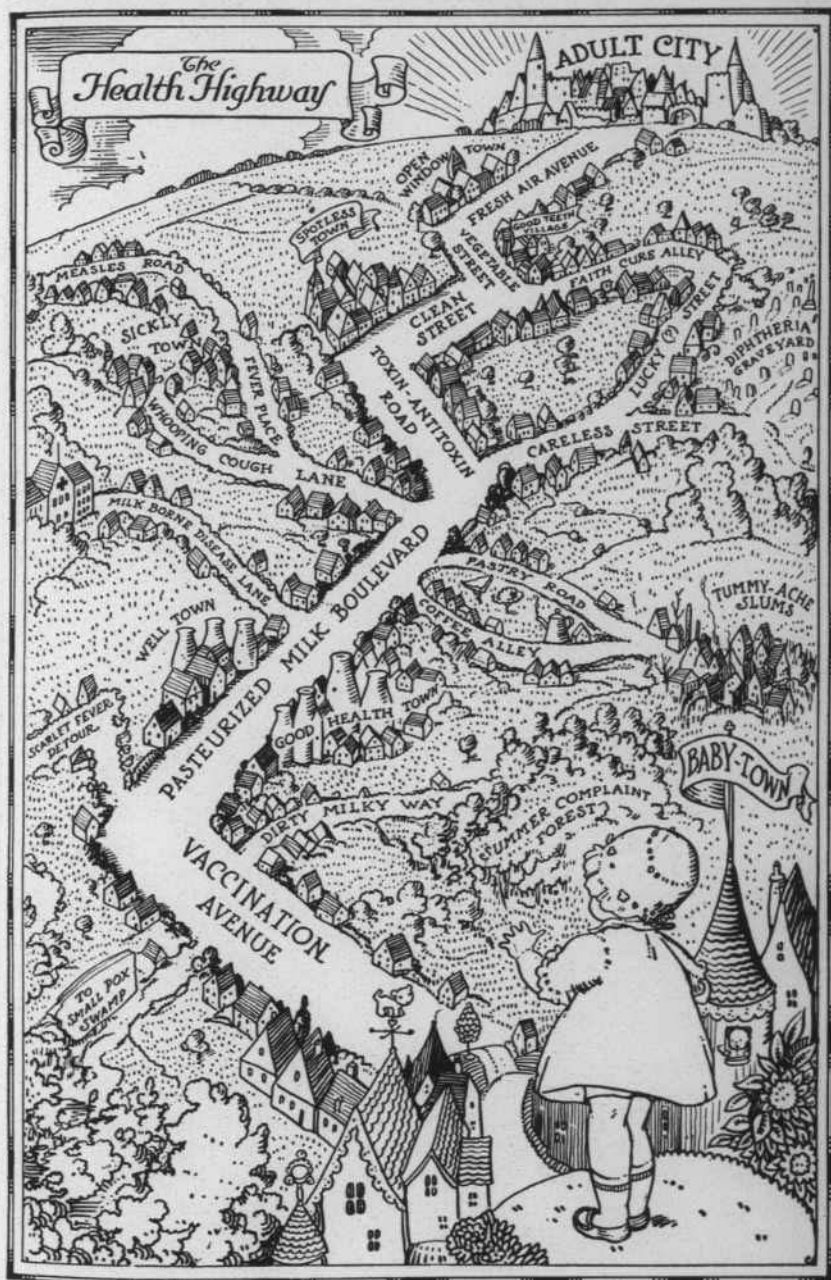
This study concerns persons in Florida from ages 5 to 20 years, inclusive, who we assume are taking a journey from Baby-Town to Adult City. The number of travelers, according to the 1930 population, released by the United States Bureau of the Census, was 433,223 for Florida. Of that number, 1,110 died enroute during the year 1932.

The journeyers were divided into two groups; the first included 301,959 white persons and the second 131,264 colored. The greatest loss of life, taking both groups together, was caused by tuberculosis (all forms) which resulted in 114 deaths. While only 19 deaths from this disease resulted among the white group, there were 95 deaths in the colored group. As a result of automobile accidents, there was a total loss of 93 lives of which 71 were white and 22 colored. Third in rank was pneumonia (all forms) which took a total of 73 of our journeyers' lives; 35 were white and 38 colored. Accidental drowning was fourth with a total of 60 deaths of which 31 were white and 29 colored. The table accompanying this article indicates the twenty-four principal causes of death affecting the specific group of our population as designated. Of the 1,110 deaths occurring in this group during the past year, 311 were charged to infectious and parasitic diseases, 247 to deaths from all accidents, 42 to homicides and 20 to suicides.

In this group, we have the boys and girls of school age; those going to school for the first time; those attending high school and their first years in college, and young men and women entering into the business world. As they neared Adult City, a large number of the girls married and occupied themselves as housewives. Although the oldest married woman in this group was only 20 years of age, there were 6,855 new mothers and, of this number, 78 died as a result of childbirth.

During the calendar year 1932, there were many hazards to be faced along the way. Protection from many was available but, sad to relate, was either disregarded by the travelers themselves or not provided by the health and welfare departments along the way. Protection against typhoid fever and diphtheria should have been taken by every one of the journeyers before leaving Baby-Town. Deaths from these two diseases are unnecessary as there is known protection. However, 26 of this group died as a result of typhoid fever and 20 from diphtheria.

A PAGE *for the* CHILDREN



BUREAU OF VITAL STATISTICS

In presenting this article, containing the mortality of Florida population between the ages of 5 and 20 years, inclusive, we urge that the reader study very carefully the mortality table, and visualize, if possible, what it has cost Florida in the year 1932 in loss of life from preventable diseases.

Deaths from Important Causes, 5 to 20 Years, Inc., Florida, 1932

Causes	Total	White	Colored
Tuberculosis (all forms)	114	19	95
Automobile Accidents	93	71	22
Pneumonia (all forms)	73	35	38
Accidental Drowning	60	31	29
Influenza (all forms)	49	12	37
Heart Disease (all forms)	43	21	22
Malaria	38	19	19
Appendicitis	38	27	11
Puerperal Albuminuria and Eclampsia	27	13	14
Nephritis (all forms)	26	15	11
Typhoid	26	8	18
Homicide by firearms	26	10	16
Traumatism by firearms	23	14	9
Diphtheria	20	18	2
Puerperal Septicemia and Pyemia	20	8	12
Tetanus	19	9	10
Diseases of Pharynx and Tonsils	15	13	2
Traumatism by fall	15	12	3
Diabetes	14	12	2
Homicide by cutting or piercing	14	1	13
Accidental burns	12	5	7
Syphilis	12	2	10
Cancer (all forms)	11	7	4

DOES PUBLIC HEALTH WORK PAY?

A rather dark picture has been presented. What is wrong? Is the educational program of Departments of Health inadequate or are the individuals themselves, in spite of proper knowledge, taking this unnecessary risk through carelessness or procrastination? Possibly it is, in a measure, due to both. The plea for more money to be spent for public health seems to be more or less drowned out by the cries for money to be spent in other channels. Certainly, we need good roads; we need to care for our forests; we need to care for our hogs

BUREAU OF VITAL STATISTICS

and pedigreed animals, but, certainly, the traffic on the roads to our cemeteries is entirely too heavy. If the appropriation for public health activities was sufficient in every city, county, and in the state, the tremendous toll in unnecessary loss of life from preventable diseases could be practically eliminated. Have we become hardened to the cries of the suffering and dying citizens? Do we realize that when a death occurs from a preventable disease that the responsibility lies at some one's door?

It is encouraging to look at the brighter side of the picture as taken from the mortality records for all ages to see how much has really been accomplished with the money and efforts expended. Thousands of dollars have been spent for the protection of our citizens and for the control of preventable diseases. Let us look back through the Florida records of 1917, when the first state-wide mortality figures were available, and see if the money set aside for public health activities and other preventive measures was wisely spent or if it was really wasted. Let us compare the death rates from five important causes of death at the present with those of fifteen years ago. The death rate in Florida from diarrhea and enteritis was reduced 79%; typhoid fever, 78%; diphtheria, 50%; tuberculosis, 42%; and the infant mortality rate in the state was reduced 42%.

It is readily observed from these percentages that some of the black spots are fading from the mortality records and this should be of great satisfaction to those who have made appropriations available for fighting preventable diseases as well as to the individuals who took part in the fight.

TYPHOID TOOK HEAVY TOLL BEFORE WORLD WAR

A government report by a board of medical officers, of which Major Walter Reed was a member, in 1904 stated that typhoid developed in about one-fifth of the soldiers in the camps and that it caused 86.24 per cent of all deaths.

"It was evident," comments Dr. P. M. Ashburn in his series, entitled "Progress in Preventive Medicine," appearing each month in *Hygeia*, "that we had not been properly educated in the prevention of typhoid."

In the Spanish-American War many lives had been lost, and the case rate was high. There was a decided contrast in the World War. This was due to four major reasons: (1) lessened introduction of the disease to camps; (2) better camp installations, water supplies, waste disposal and camp police; (3) better education as to the means of preventing the disease, and (4) preventive inoculation.

THE RIGHT FOODS RATHER THAN
the EXPENSIVE FOODS ARE NEEDED
FOR CHILD HEALTH *P. P.*



THE HEALTH of the FUTURE DEPENDS ON TODAY.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

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No. 8

Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

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Also Executive Officer and Secretary of Board

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MALARIA RESEARCH

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Jacksonville.....	T. H. D. Griffiths, M. D. (U. S. Public Health Service)
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CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph. D. (U. S. Bureau Entomology)
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DIRECTORS FULL TIME COUNTY HEALTH UNITS

Perry, Taylor County.....	W. H. Y. Smith, M. D.
Tallahassee, Leon County.....	L. J. Graves, M. D.
Pensacola, Escambia County.....	W. A. McPhaul, M. D.

ADMINISTRATION**Henry Hanson, M.D., State Health Officer****RABIES**

A letter has recently come to the State Board of Health stating that a blood test has been made of a person who was bitten by a dog in play and that the "electronic" test showed 2/25 rabies. The State Board of Health knows of no such test and does not believe that there is any reliable test for rabies other than the one used by the leading public health laboratories. Furthermore, the State Board of Health does not know of any electric treatment which will cure rabies.

Any animal which is infected with rabies will pass through a period of incubation varying from 14 to 60 or more days. There are a few instances of a longer period but they are not many. Most animals develop the disease in 20 to 40 days. The saliva of infected animals will not contain the virus of rabies earlier than 10 days before the animal shows symptoms of the disease. If a person is bitten by an animal suspected of having rabies, the animal should be placed under the observation of a competent veterinary M.D. who will report symptoms if they develop. If the person is not bitten about the head there is, as a rule, ample time to wait for the development of symptoms in the dog or other animal that did the biting. If the dog had active symptoms and actually had the disease at the time the person was bitten, the laboratory worker will find the negri bodies which are always present in the brain cells of rabid animals and the Pasteur treatment can then be given.

Dr. George W. McCoy of the National Institute of Health advises that the patient be taken to a physician as soon as possible after the bite and that the physician thoroughly cauterize the wound with fuming nitric acid. Neither mercurochrome, tincture of iodine nor any of the ordinary antiseptics are of any value in cauterizing wounds made by the bite of animals suspected of having rabies.

The infection travels along the nerve trunks from the location of bite to the spinal cord and on to the brain. It is futile to try to detect the disease by blood examination. Do not be misled by statements of persons whose experience is open to question.

You will find additional advice in another section of the present issue of Health Notes.

THE COUNTY HEALTH UNITS

Florida is believed to have one of the best County Health Unit laws. The County Health Unit law was drawn to prevent professional

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political office seekers (without public health training) from getting positions which call for training, education and experience in public health work. This seems to be a principle which the majority of the citizens of the state approve. No sound thinking, patriotic citizen wants politics introduced into the Health Department.

Florida has three full-time units which were established in the following order: Taylor County, Leon County, and Escambia County. For a time it looked as though we might lose all of them, for the reason mentioned in the third paragraph of my article in the July number of Health Notes, near the bottom of page 83. When the United States Public Health Service was compelled to discontinue its aid to our units and we found ourselves facing the difficulty of carrying on full activity with a further reduction in the budget, it seemed that there was no way to save the County Units. At this point, we again received consideration from the Rockefeller Foundation and obtained from this patriotic organization all the unbudgeted funds for county health unit development, which made it possible to combine these with a small sum from the state allotment to give each county sufficient aid to assure the continuation of the units.

The work done in each of the counties has been of a very high character. In Taylor County, the leading problems were malaria and hookworm infestation; in Leon County, the problem was much like the one in Taylor County, both of these counties having enough general problems of preventive medicine to keep them busy all the working days of the year. There was much welfare work to do, especially among the colored people. The regular welfare workers had more than they could do, and therefore the negroes appealed to the colored public health nurse for help. This requested service however could not be strictly classified as public health work.

There is a very large and important midwife problem in each of the counties having units, and it is hoped the work in the units can be so done as to serve as a model for the work in the balance of the state. We must reduce the maternal mortality. We hope to enlist the aid of the State Medical Association in this campaign.

In Pensacola City and Escambia County, the outstanding problem was revealed in an examination of the annual death rate from typhoid fever. For a period of ten years, there had been an average of eight or more deaths annually from typhoid fever. During the last twelve months, however, there have been no deaths from typhoid in Escambia County. Any person who visits the office of the Escambia County Health Unit can see for himself the records of the activities of the Unit, and there find ample reasons for the improvement in the health conditions of Pensacola City and Escambia County. The Escambia County Medical Society has been very helpful, fully cooperating with

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the Director of the Unit. The Escambia County Commissioners have had difficult problems to solve, in that a disgruntled dismissed employee beclouded the issue with claims and petitions which did not represent the conditions as they actually were. The majority of the Commissioners however recognized the merits of the unit and stood firm for its continuation without partisan political interference. The City Manager of Pensacola is due a great deal of credit for the installation and continuation of the unit. The majority of the best element in the county and city will assure the continuation of the unit.

NOTICE TO PHYSICIANS

Physicians who wish to have cases of neurosyphilis given the benefit of the malaria treatment can do so by making application to the State Health Officer at Jacksonville for the treatment. Patients who are to be given treatment will (until further notice) go to Tallahassee for inoculation at the Station for Malaria Research, located at the State College for Women. The condition for obtaining this treatment is that the physician shall report on the progress of the case after the inoculation has been made and that the patient shall be hospitalized or cared for in such a manner that there may be a complete clinical record showing temperature curves and laboratory findings.

For further information write the State Board of Health, Jacksonville.

BUREAU OF ENGINEERING

Louva G. Lenert, Director

PUBLIC WORKS

The preliminary information with reference to the Public Works program of the President, given in last month's issue of Health Notes, was for the most part correct. Some slight changes in administration have been made, the most important of which is that Regional Administrators, having jurisdiction over more than one State, have been named rather than State Administrators, and there has been appointed a State Advisory Board of three members who will pass first upon all projects submitted from Florida before they are sent to Washington. The Executive Officer of this Board, who will be an engineer named by President Roosevelt, has not been announced.

Another important change is that the interest rate has been set at 4 per cent.

Not all projects which are proposed will have an opportunity to get by the first firing line, but much optimism prevails among those

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submitting projects which contemplate installations or improvements to water works or sewer systems so important in the life of the American people. Towns and cities having need of these improvements should make every effort possible to have these projects submitted as early as is humanly possible. Time is to be a material factor in getting this work under way and the projects submitted in the beginning will have a much greater chance of being acted upon favorably than those which are delayed.

The Florida Section of the American Water Works Association has perfected the organization of the Florida Section National Recovery Committee for Water Works Construction, the policy and aims of which are stated in the following resolution passed by the National Recovery Committee for Water Works Construction and subsequently approved by the Directors of the American Water Works Association:

"Whereas need for new construction and betterments of water works has accumulated during the past three years due to lack of funds, so that many water supplies proven to be inadequate in quantity or quality by droughts of 1930 and 1931 have remained unchanged and needed reinforcements, storage, pumps, meters, purification works, extensions and new facilities have been deferred thus reducing safeguards to health, convenience and property which normally would have been provided, and

"Whereas the National Industrial Recovery Act (which has been called the 'keystone of President Roosevelt's Recovery plan') provides funds ample to allow communities to go forward immediately with all deferred and needed construction work and whereas such work is essential to revive capital investment, employment and purchasing power without which complete economic recovery is impossible, and

"Whereas all needed funds may be obtained from the Federal Government by its political subdivisions, part as a direct grant up to thirty per cent of the cost of labor and materials and the remainder as a loan at unusually low interest, to be repaid over an extended future period, and

"Whereas certain private corporations in the public service including water companies can borrow from the Federal Government the funds required for needed construction at unusually low interest rates, and

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"Whereas material costs are low and need for employment is at a maximum in the field of production and installation of capital goods, and

"Whereas all agencies have been requested by the Federal Administration to assist in creating jobs by initiating immediate construction of needed public facilities

"Now, Therefore, Be It Resolved, that the National Recovery Committee for Water Works Construction organize Section Recovery Committees in all local sections of the American Water Works Association to cooperate with the Federal Government and to

1. Aid local communities in presenting their projects and securing funds for construction of needed water facilities,
2. Assist local administrators, municipal, county, and state officials and other agencies, actively concerned in administering and receiving the benefits of the National Industrial Recovery Act,
3. Lend support to other types of needed public works construction, particularly in the field of sewerage and sewage treatment, as these are intimately related to proper water service and protection of sources of water supply,
4. Aim at the establishment of an improved standard of water supply and water service to conserve the public health, reduce loss of property by fire, and make available to a larger number of our people the conveniences resulting from adequate service of water of excellent quality."

A project committee consisting of able representatives strategically located throughout the State will be the local contact agency of this committee, and in addition field representatives are available to assist communities wherever their services may be necessary. Members of this committee will at all times be kept advised as to the latest developments in order that they may give this information to their own communities at the earliest possible moment. Members of the Executive Committee which will direct the policies of these committees are located in Jacksonville, where they will be most readily gathered together for conferences with the secretary, the latter also being the Director of the Bureau of Engineering, State Board of Health.

A supply of application blanks, copies of that part of the act which relates to Public Works (Title II) and other information will be available at the office of the secretary.

BUREAU OF LABORATORIES**Paul Eaton, M.D., D.P.H., Director****MALARIA**

Three years ago we noted the fiftieth anniversary of the discovery (in 1880) of the cause of malaria by Laveran.

In the red blood cells of those suffering from malaria, this worker found some small bodies which are not present in the red blood cells of those not so diseased. His findings were challenged at first but were soon confirmed and a great advance in medicine had been achieved.

On September 16, 1932, Col. Sir Ronald Ross died. This name means nothing to the average citizen but Ross was one of the world's great discoverers for he found that malaria is transmitted from man to man by the mosquito.

This discovery which answered a question as old as civilization gave mankind the power to protect itself against a disease that was easily first among the plagues of tropical regions.

General Gorgas said nothing more than the truth when he said to Ross, "It seems to me not extreme, therefore, to say that it was your discovery that enabled us to build the Canal at the Isthmus of Panama."

In 1897, Ross satisfied himself of the fact that the mosquito was the "villain of the piece," but it took him some time to convince the scientific world. His career was one long record of struggles against unfavorable circumstances but his grit and determination enabled him to persevere, where many another would have given up the fight.

The convincing nature of Ross' demonstration with malaria pointed out the role of the mosquito in yellow fever. In the case of this latter disease the demonstration, while no less convincing, was of a different nature, for the mosquito infected with yellow fever shows no signs even under the microscope of the presence of the disease.

When (if ever) malaria has been completely abolished, the name of Ross may be forgotten, but not until then. For he proved that the mosquito is the "black miasm rising from the swamps" to cause malaria; that it carries the disease not by contaminating drinking water or watermelons, but directly from man to man; and that it is possible (though sometimes difficult) to prevent the disease.

BUREAU OF LABORATORIES

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF JUNE, 1933

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1138	319	251	141	226	2075
Diphtheria	493	140	19	105	23	780
Typhoid	687	239	68	19	37	1050
Malaria	784	243	48	14	174	1263
Rabies	13	7	..	4	..	24
Tuberculosis	254	140	43	36	10	483
Gonorrhea	685	304	52	94	42	1177
Kahn	4098	1369	315	1231	226	7239
Water . . . . .	..	49	42	246	..	337
Milk	366	370	305	620	98	1759
Miscellaneous	245	20	12	106	15	398
	<u>8763</u>	<u>3200</u>	<u>1155</u>	<u>2616</u>	<u>851</u>	<u>16585</u>
Specimen containers distributed						5,887

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	38 Packages
	5,000 units	6 Packages
Toxin Antitoxin		900 C. C.
Schick		1950 Tests
Toxoid		1307 C. C.
Tetanus Antitoxin	1,500 units	6 Packages
Typhoid Vaccine		1516 Treatments
Vaccine Virus		584 Capillaries
Antirabic Virus		18 Treatments

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD
BE DIRECTED TO THE STATE LABORATORY
STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M.D., Director****HOOKWORM HISTORY**

Whether it is due to indifference, lack of information, inertia or the natural tendency of mankind, it matters little but the fact remains that for a quarter of a century—one whole human generation—the facts about hookworm disease have been known to mankind and the prediction made in 1910 that hookworm disease would soon disappear has not yet been fulfilled. But there was one condition to this prophesy and that was, "If the known facts about the disease are applied to its prevention." These facts have never yet been so generally applied as to eradicate the hookworm though the most elementary sanitation has given prompt relief to families and communities. Particularly is this true in cities where sanitary rules are observed.

An Old Scrap Book

Recently a scrap book came to the writer's attention. It contained clippings from newspapers, dated 1910. The majority of those dated early in the year discussed hookworm disease. They contained the same information and advice that is still being given regarding the disease. Among the rest was a cartoon of John D. Rockefeller who had but recently given a million dollars for hookworm eradication. He appears (then in his seventy-second year) holding a picture of a hookworm. Beneath it reads, "Won't you be My Valentine." Most of the Southern states accepted the conditions of Mr. Rockefeller's gift and used the money to great advantage. Dr. Joseph Y. Porter, Sr., Florida's State Health Officer at that time, elected to make the fight with tax money and did not ask for a grant from the Rockefeller Hookworm Commission. Under his masterful direction the battle was waged. Whether the victory in Florida was as complete as elsewhere we do not know but it was a glorious fight and great good was accomplished, but there yet remains much to do. Dr. Hiram Byrd in 1910 was Dr. Porter's chief assistant. He seems to have devoted considerable time and energy to education. The clippings mention his lectures in numerous places and before various organizations.

Some of the clippings are from Northern papers and magazines. Dr. C. Wardell Stiles, now a Florida citizen, is quoted at length; likewise, Dr. Claude A. Smith of Atlanta, who lectured in Pensacola. Dr. C. E. A. Winslow, now Professor of Public Health, School of Medicine, Yale University, gave it as his opinion that hookworm was not as great a problem in the South as was child labor.

An interesting preventive measure often mentioned in those days but now seldom mentioned was the wearing of shoes to prevent contact with contaminated soil. This is of definite value but greater reliance is to be placed in sanitation.

BUREAU OF COMMUNICABLE DISEASES

Our method of treatment seems to be about the only thing on which we can base a claim for advancement in the present-day manner of dealing with the hookworm problem. The drugs now used are certainly more effective and less dangerous than thymol, the drug used in 1910. Then, as now, the State Board of Health furnished hookworm medicine but for a time it also paid doctors at the rate of three dollars per child for effecting a cure or giving at least three courses of treatment. For some doctors this became a very lucrative practice. For the State Board of Health it became costly and had to be discontinued.

There is much yet to do but not too much. For each householder the hookworm control problem is identical with that of sanitation, and sanitation is within the reach of all—even today. For health workers the principal thing is education. Selling sanitation and hookworm control should be easier than selling goldbricks and goldbricks have been sold.

DON'T KILL THE DOG

Probably at least once in every week that passes, someone, somewhere in Florida gets bitten by a dog, kills the dog and then asks some health authority what to do. After answering such questions a great many times and advising that a dog, after having bitten a human being, should be restrained in such a way that it can do no more harm, one gets to feel that everyone ought to know what to do and do it. If we but recall that there are yet thousands who have not been told we can still be patient and answer courteously.

Inspiration for this writing was found in a 1910 news clipping with the above caption. Health education, like any other, must be continuous if it is to be effective; hence, we repeat that the interest of public health and of the person bitten is best served if the offending canine is observed for a few days until its condition can be more clearly determined. If the dog recovers it could not have been rabid; if it dies, the presence or absence of changes in the brain can be discovered with greater certainty.

Dogs inoculated annually by the veterinarian are very unlikely to have rabies and the disease is so terrifying that any reasonable measure to prevent it is justifiable—even if we consider nothing but the dog's protection.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D.P.H., Director

ADULT CITY MORTALITY



The term "Adult City" is used in this article to represent inhabitants of Florida who have reached the ages of 21 years and over. According to the 1930 population figures released by the United States Bureau of the Census, there was in Florida a total of 893,156 in this group of which 572,900 were white and 320,256 colored. In this population group of 21 years and over in Florida, which is termed "Adult City," there were 1,995 deaths last year from infectious and parasitic diseases. Of this number 842 were white and 1,153 colored. There were 965 deaths from accidents; 680 white and 285 colored. From old age or senility, there were 308 deaths with 163 white and 145 colored. Under this caption of senility have been charged the deaths where the attendant could not make a statement of the cause of death and advised that the death was due to advanced age. The figures shown under this caption represent deaths of persons who were 70 years of age or more. The total deaths from the puerperal state group were 184 of which 110 were white and 74 colored. Homicides took a toll of 381 lives of which 133 were white and 248 colored. It will be observed from the table accompanying this article the number of deaths last year charged to some of the more important causes.

The classification of the deaths occurring in the older age groups has been receiving more attention in recent years than heretofore, particularly due to the fact that there has been a marked reduction in the death rates from certain preventable diseases and especially in the infant mortality rates. A comparison, therefore, of the causes of death in the group designated as "Adult City" will be very interesting, especially when compared with the similar data for the two groups 0 to 4, inclusive, and 5 to 20, inclusive, which were published in the June and July issues of Health Notes. The problem of controlling preventable diseases, preventable accidents, etc., in the "Adult City" group is entirely different from that encountered in "Baby-Town" or "Enroute to Adult City." For instance, the leading cause of death in age group 5-20 years was tuberculosis (all forms) while in "Adult City," representing ages 21 and over, the leading cause of death was heart disease with a total of 2,935 deaths. The second leading cause in the 5-20 year group was automobile accidents while in the group 21 years of age and over, automobile accident deaths took eighth place.

It is amazing to note the number of deaths from preventable causes. There has been in the past considerable money spent as well as thought and work put into the fight in an effort to curtail the unnecessary toll of human life. However, the picture is not as bright

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Deaths from Important Causes, 21 Years and Over, Florida, 1932

Causes	Total	White	Colored
Heart Disease (all forms).....	2935	2068	867
Nephritis (all forms).....	1681	1118	563
Cerebral Hemorrhage.....	1367	839	528
Cancer (all forms).....	1228	1028	200
Tuberculosis (all forms).....	959	366	593
Pneumonia (all forms).....	554	324	230
Influenza (all forms).....	397	219	178
Automobile Accidents.....	366	275	91
Syphilis.....	320	79	241
Homicide by firearms.....	239	96	143
Diabetes Mellitus.....	232	175	57
Hemiplegia.....	216	104	114
Pellagra.....	191	63	128
Traumatism by fall.....	168	153	15
Appendicitis.....	164	118	46
Malaria.....	164	85	79
Arteriosclerosis.....	159	129	30
Suicide by firearms.....	139	128	11
Cirrhosis of liver.....	134	92	42
Homicide by cutting or piercing.....	102	20	82
Intestinal obstruction.....	95	57	38
Accidental drowning.....	68	41	27
Diseases of Prostate.....	66	56	10
Cerebral Embolism, Thrombosis.....	62	49	13
Typhoid.....	58	28	30
Diarrhea and Enteritis.....	53	28	25
Puerperal Albuminuria and Eclampsia.....	50	24	26
Alcoholism.....	45	30	15
Puerperal Septicemia and Pyemia.....	39	29	10

as most of us would like to see it. Certainly, the welfare of the human family should receive more attention. Every race strives for peace and happiness. In these United States, we have a great country and untold wealth. To realize the full measure of peace and happiness, every state, city and county should make adequate appropriations for curtailing deaths from preventable causes which will not only add to the size of our human family but eliminate unnecessary suffering and sorrow.

As stated in the article published in last month's Health Notes, the death rate in Florida from diarrhea and enteritis was reduced 79% in 1932 as compared with 1917. The typhoid fever death rate was reduced 78%; diphtheria, 50%; tuberculosis, 42% and the infant mortality rate, 42%. These figures are worth repeating and are certainly

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gratifying to those who have appropriated money for the control of preventable deaths as well as to those who have engaged actively in specific lines of control work. The encouraging part is not, however, the net result. It is encouraging to know that definite headway has been made but on the other hand, the result does not represent the saving that might have been accomplished. The progress made in the control of preventable diseases should be an inspiration for the future but unless adequate appropriations are made available for the necessary work and trained workers placed in the field, a large portion of the inhabitants of "Adult City" will perish in untimely deaths; not from the chastisement of Providence, but simply from the failure to utilize the discovery of preventive methods as given to man.

MODERATION AFTER FORTY

"Early manhood is not the end but the beginning of man's usefulness. . . . Every man past 40, then, should formulate a plan for living so that he may enjoy the prestige his mature judgment brings him and so that he may help guide those with less experience." These statements made by Dr. John R. Hamilton in "Forty—Looking Forward," an article in the August issue of *Hygeia*, are the meat of an encouraging point of view.

"There is no one who would start in his car on a trip to California without carefully planning the route, sending the car to a garage man for a thorough overhauling, providing supplies and securing information about resting places on the way. . . . But the average man plunges on and on through the years past 40 without even looking at the oil gauge of humanity."

The same care and forethought used in the guidance of the individual through childhood, youth and early maturity should be applied to man's later years. The person of middle age needs to plan for an altered existence. He needs to face the fact that old age is natural and inevitable. He should prepare to accept calmly and joyfully his place as an elderly man when the time for that acceptance shall arrive.

The man with accumulated experiences is the man with mature judgment. The man past 40 is seasoned enough to have a full perspective of life and to see all things in their proper proportion.

The man past 40 is more subject to fatigue. Stringent health habits in regard to less work, more rest and more time for the development of hobbies are essential to him. Constructive thinking and analyzing are not worry but work. Worry is the wasting of time and mental energy. Neatness and cleanliness are just as important in the later years of life as in the courting days. But most of all the man of 40 should look forward to the remainder of his life with anticipation rather than back on the past with regret.

Are We Living Longer?



OUR national pride has been stirred by frequent references from many sources to the lengthening of the average human life.

Upon looking carefully into the facts it has been discovered that this is due very largely to the wonderful saving of babies' lives and that our people past middle age are actually not living as long as they used to. This is in spite of great reduction in typhoid fever, tuberculosis, and most other communicable diseases.

And now we hear that this increasing mortality after middle age is peculiar to the United States. In many other countries the death rate among adults is falling and the actual span of life there is really being lengthened. What the cause is of the breakdown here we are not sure, but it may be due to the higher speed at which we work and live.

The question naturally arises, what can be done about it? Do we prefer a short life and a merry one; or are some of us willing to slow down a little and live a few years longer?

Excluding unavoidable accidents, among which may be classed some of the acute diseases, an individual is able to regulate his life to a considerable extent. The causes of death which are cutting into middle-age at a higher rate are heart troubles, cancer, apoplexy, diabetes, and Bright's disease. These do not spring up over night; in fact they develop very slowly and in most cases are subject to diagnosis and treatment long before they reach the critical stage.

Periodic physical examination should not wait until some ailment is suspected or has made itself evident, but in the very height of health. Murmurs, lumps, tender areas, minute changes in blood or urine, can be picked out by a skilled physician with uncanny accuracy and treatment started at once.

The rush for prosperity and progress may have something to do with the cause of physical ailments in middle life, but our momentum should not be so great that we cannot stop long enough for an occasional check-up which may prevent the trouble from becoming an actual failure. Life and health are of more importance to most of us than pleasure and speed. Proper management may enable us to have them all. *Find your weak spot before it finds you. Get examined.*

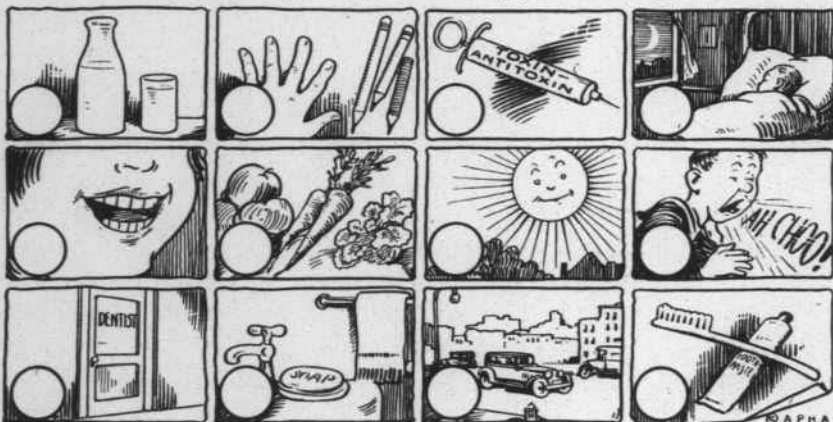
A PAGE *for the* CHILDREN

A QUESTION GAME

THE PICTURES BELOW ANSWER THESE QUESTIONS — CAN YOU?

- ① What should children do at least 10 hours of every 24 ?
- ② What is sure to prevent diphtheria ?
- ③ Who should we go to see at least once a year ?
- ④ Where is a most dangerous place to play ?
- ⑤ What do we drink to stay strong and healthy ?
- ⑥ What should we cover to prevent spread of disease ?
- ⑦ What must we keep out of our mouths ?
- ⑧ What do we use before every meal ?
- ⑨ What foods help make strong, healthy teeth ?
- ⑩ What are our most useful tools ?
- ⑪ What do we use to keep these tools clean ?
- ⑫ Who gives us the tan that brings health ?

Write the question number in the circle that is with each picture. Then ask Mother or Dad to tell you how many you have right



HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

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Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

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Also Executive Officer and Secretary of Board

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*(And Tuberculosis Clinician)

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Live Oak.....	Francis Hall

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Tallahassee.....	Mark F. Boyd, M. D. (Rockefeller Foundation)
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MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M. D. (U. S. Public Health Service)
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CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph. D. (U. S. Bureau Entomology)
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Pensacola, Escambia County.....	W. A. McPhaul, M. D.

ADMINISTRATION

Henry Hanson, M.D., State Health Officer

MATERNAL DEATHS

For a number of years, the State Board of Health has been concerned about the high mortality resulting from pregnancy and childbirth. We have felt somewhat humiliated by the fact that Florida is listed among those states having the highest maternal mortality in the United States Registration Area. Plans have been made to analyze the statistics so as to learn, if possible, the reasons for this unfortunate situation.

It is rather a startling thing to note the spot map, provided by the Bureau of Vital Statistics on this, and to note in the lower right hand corner in the age distribution, that **there were three deaths among mothers between the ages of ten and fourteen years.** I imagine that there are very few people who know that girls of this immature age are permitted to marry when they have consent of parents. One can only think of girls of this age as mere children, not as women in any sense ready to perform the function of motherhood.

As we pass on to the next five year period; namely, the one from fifteen to nineteen years of age, we find that there were sixty-one deaths as a result of childbirth in this age group. Again, one feels that even in this group the deaths occurred among the girls who are still too young to assume the responsibilities of motherhood.

Before going on to a further discussion of this subject, it would seem appropriate to suggest that our lawmakers should give serious consideration to this subject and change the state law, making the minimum age requirement for marriage at least twenty years, even in case of parental consent. No girl has developed sufficient maturity, either mentally or physically, to assume the responsibilities of a household until she is twenty years or older. There are, therefore, several things from the sociological standpoint which can contribute to a correction of the evils responsible for the high maternal mortality.

From the standpoint of obstetrics and midwifery, we have made quite extensive studies. Some years ago, it was reported that there were four thousand midwives in Florida, and of these, approximately ninety-five per cent were ignorant to the extent that they were unable to read or write. Through much effort on the part of the Bureau of Child Hygiene and Public Health Nursing, the number was reduced to about one thousand four hundred. The nurses through these investigations, however, frequently found that there are many practicing midwives at the present time who are neither registered nor licensed. Even in this group of one thousand four hundred, about seventy-five per cent are unable to read or write.

ADMINISTRATION

Only a few can read intelligently to an extent sufficient to understand the written instructions in the Midwife Manual published for their guidance in the work.

The midwife law of 1931 requires that the midwife should be licensed and registered. It also sets up minimum requirements for a person to meet before a license to practice midwifery is granted. Authority is conferred on the State Health Officer to license those who appear to be fit for practice. Unfortunately the law did not contain a penalty clause by means of which the unfit could be prevented from practicing. During the 1933 session of the Legislature, a substitute law was introduced providing corrections for the defects of the previous law, and passed the Senate. In the House, it was finally placed on the calendar where it died in the turmoil of the final days of the session.

The bill will be reintroduced in the next session, when we hope that there will be enough interest aroused to secure its passage. This is one bill which implies absolutely no additional expense to the state. It will, however, be a means of offering added protection to expectant mothers.

The State Health Officer has in mind to ask the County Medical Societies to assist in the study, county by county, of the conditions responsible for the high maternal mortality, within the state. With the assistance of the State Medical Association, working through the county societies, we hope to find both the cause of the high maternal mortality and the "cure."

THE NURSING SERVICE

With the return of Miss Joyce Ely, the Division of Public Health Nursing has the greatest numerical strength it has had since the Bureau of Child Hygiene and Public Health Nursing was temporarily suspended in January, 1932. At that time, for reasons of economy as well as for reorganization, the Bureau was all but eliminated. Three nurses were retained, one to carry on the maternity and infancy work as found in midwife control, one was assigned to the tuberculosis clinician to assist in the testing clinics, and do as much follow-up as one person is capable of doing. There has always been great need for someone to go into the home, where tuberculosis has one or more victims, to teach those afflicted how to conduct themselves so as to be a minimum of danger to others, especially the young children who are most susceptible and the ones first to become infected.

The most acute need for visits by the public health nurse is in the homes of the colored where there are active cases of tuberculosis. It is for lack of nursing care and prophylaxis that the tuberculosis

ADMINISTRATION

rate among the colored in Florida is 3.6 times as high as the white rate. In 1931 there were 427 deaths due to tuberculosis among 1,064,000 whites and 640 deaths among 442,000 colored.

Owing to the intimate contact of servants and children, the facts related are of great importance.

The third service retained was parent education in an effort to meet a need felt by the Florida Congress of Parents and Teachers. This course has been dated up, and still is, for months in advance.

During the latter part of last year, two of the former nurses were restored to duty. At the present time, we have six nurses on duty and have again divided the State into five major nursing districts, in a general way corresponding to the District Medical Officer Districts. The Chief Nurse will have her headquarters at the State Board of Health Building. Miss Ely will be Acting Chief Nurse in addition to her duties as Supervisor of Midwife Control, until a Chief Nurse has been selected and assigned to duty.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M.D., Director

A JOB FOR EVERY MAN

When every man has work and is paid a living wage for his labor, the last feeble excuse for insanitary living conditions and neglect of health protection will be lost. The lack of money with which to buy even the necessities of life is the most common reason given by tenants, home owners and landlords for failing to construct sanitary privies, render homes mosquito and fly-proof, provide safe water, safe milk and adequate diet. It is indeed difficult to answer such convincing argument as we often hear along this line but when one is unemployed he can, if really interested and informed, turn his mind and hand to many unaccustomed tasks. Does the wife now perform certain household duties which were once done by servants? Do the children walk whereas they formerly rode? Is it unthinkable that father, formerly a white collar man, should, instead of spending the morning stewing about the house, improve his surroundings and develop that most necessary peace of mind by working with hammer and saw, shovel and hoe? Better callouses and blisters on the hands than cobwebs in the brain and sickness in the household. We know many men of excellent spirit like the man in the story—a ragged traveller came to the door and asked, "What do you do with your old clothes?" The answer was, "I wear them." Old clothes make excellent work clothes.

BUREAU OF COMMUNICABLE DISEASES

A Vicious Circle

Idleness, poverty and ill health constitute a vicious circle, each tending to produce and aggravate the others. Idleness is often the initial cause and should, therefore, be avoided. One of the ways to avoid complete idleness and keep mentally and physically fit for that regular job when it comes is to perform the tasks that present themselves about the place. Do not loaf and complain. One of our health units has devised a sanitary privy which can be built at a total cost of twenty cents (not including labor). Wire screens and mosquito netting can be obtained somehow. The care of garden, cow and poultry provides interesting employment and the returns are doubly beneficial.

Unless something is done to protect the children of Florida from hookworms and malaria and to provide adequate diet, neither the family nor the State can hope for the rapid return of prosperity nor will our future citizens measure up as they should to the best standards of physical manhood and womanhood.

Every advancement that has ever been made by mankind was the result of honest toil, every man that ever made a name for himself as a public benefactor did so by hard work, all great fortunes are the result of industry. Work and nothing but work will afford the means of acquiring and preserving the health of the individual, the family and the State.

DIPHTHERIA AND THE PRE-SCHOOL CHILD

Only twenty-nine diphtheria deaths were reported in Florida in the first half of 1933 as compared with thirty-nine for the same period last year. Of these, twenty-two were under five years of age, and five more were under ten. Diphtheria is particularly dangerous to young children. Toxoid gives definite protection. After symptoms develop it is too late for prevention and time to undertake the cure. Your doctor is a good man; he would rather give two small doses of toxoid for protection than several large shots to cure, even though his fee would be much smaller.

WE LOVE OUR TEACHER

When this issue of Health Notes reaches the mails, many school bells will be ringing to call the children into the halls of learning. A teacher's responsibility to a child is surpassed only by that of the parents themselves. Not only must pupils look to her for knowledge of the three R's but they go to her for advice on almost every subject from international relations to toe itch.

BUREAU OF COMMUNICABLE DISEASES

Not the least of her duties is that of training in personal hygiene, health promotion and the development of right personal habits. Almost any adult will realize that many of the ideas and ideals governing his life were acquired from some teacher whose perception of duty was not limited to the course of study laid down in the law. Most teachers love their pupils and enjoy in return the love and respect of the children.

It is the influence and coöperation of such teachers, more than anything else, that enables the health department to accomplish so much for the community in sanitation and disease prevention. It is a pleasure to work with and furnish health material and information to the members of the teaching profession. For her unselfish devotion to duty we delight in honoring the **Florida teacher**.

BUREAU OF LABORATORIES

Paul Eaton, M.D., D.P.H., Director

COMMON SENSE

A plugged gasoline feed line will stop an automobile in a hurry, whereas the presence of a slow leak in the gas tank or a slow leak in a tire may not be in evidence until the car is many miles from a supply of gas or air. So, in the matter of public health, an epidemic may endanger the lives of hundreds in a very spectacular way, while the neglect of reasonable precautions in the protection of food and water supplies or in the supervision of sewage disposal methods, may endanger the lives of thousands in ways comparable to the flat tire a hundred miles from home.

Success in life, in business or in government consists in getting the greatest return for the smallest expenditure but this expenditure must be carefully budgeted. It seems to be worthwhile to have high speed automobiles on the roads and streets even at the cost of thirty thousand lives a year in the United States.

It may be worthwhile to save money which might be spent for public health measures at the expense of the lives of fifty babies out of every thousand born, but I doubt it. The waste of human emotion is too great. It costs too much.

Economy in public health is easily and quickly attained but it should be carefully scrutinized to see that it is not false economy. Just as it is an actual economy to spend money for lubricating oil for an automobile, so may it be an actual economy to spend money for the protection of food supplies, water supplies, mosquito control and excreta disposal.

BUREAU OF LABORATORIES

But this money should be spent in such a way as to get the greatest return. The well-dressed man does not purchase the largest suit of clothes he can get for his money, but the best fitting and the one made of the best material.

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF JULY, 1933

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites . . .	1119	364	141	120	95	1839
Diphtheria	468	133	27	95	30	753
Typhoid	753	318	62	33	68	1234
Malaria	1014	321	72	18	266	1691
Rabies	14	6		5		25
Tuberculosis	215	127	44	52	5	443
Gonorrhea	662	252	45	107	66	1132
Kahn	4612	1928	313	1152	260	8265
Water		37	68	150		255
Milk	321	372	131	465	107	1396
Miscellaneous	451	18	15	152	7	643
	9629	3876	918	2349	904	17676
Specimen containers distributed						7,816

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	25 Packages
	5,000 units	6 Packages
Schick		3340 Tests
Toxoid		2131 C. C.
Toxin Antitoxin		270 C. C.
Typhoid Vaccine		1624 Treatments
Vaccine Virus		580 Capillaries
Antirabic Virus		22 Treatments
Tetanus Antitoxin	1,500 units	3 Packages

BUREAU OF ENGINEERING

Louva G. Lenert, Director

WATER WORKS AND SEWERAGE

At a hearing before the State Advisory Board in Jacksonville during the last days in August, the point was again emphasized that water works, sewerage and sewage treatment are given first preference in making loans to municipalities.

BUREAU OF ENGINEERING

For the purpose of getting loans through quickly, it is unnecessary to present application in person. They will go through the same channel if sent through the mails.

The application forms originally sent out are obsolete and are not to be used. A copy of Circular No. 2 should be obtained and the procedure set forth in this circular should be followed to the letter. Much delay can be avoided if this is strictly adhered to.

The city treasurer should check all replies regarding city finances and the city attorney should see that all legal data are correctly presented.

The State Engineer will examine the application and check the plans before they are submitted to the Board. If additional data are required he will correspond directly with the applicants explaining omissions, etc. When all data are assembled the engineer will present them with his recommendations to the Board.

If the Board acts favorably upon the project it will be immediately sent to Washington for final action, but if the recommendations of the engineer are adverse or the Board does not feel free to pass the project upon the showing set forth, notice will be given the applicant and a personal appearance before the Board can be had for the presentation of additional arguments before final action is taken.

In addition to the economic set up, the State Engineer will probably require approval by the State Board of Health of all projects concerning water supply, sewerage and sewage disposal, garbage disposal, swimming pools, mosquito control and others where matters of public health are involved. Unnecessary delay may be avoided by obtaining this approval before or simultaneously with submission of the application to the State Advisory Board.

TOURIST CAMPS

Permits for the operation of tourist camps expire on September first. The 1933 Legislature placed tourist camps in the same class as rooming houses and as such they will be subject to license by the State Hotel Commission.

This law does not, however, repeal the law which requires the State Board of Health to issue permits for tourist camps. In a previous issue of Health Notes, the development of tourist camps was traced in an article entitled, "Passing of the Nomad."

Regulations of this department are principally concerned with a camp in its relation to the community and the State. A safe water supply under pressure, flush toilets, showers, daily garbage removal and general cleanliness are the major requirements for permits.

BUREAU OF ENGINEERING

Where camps are equipped with cottages and these are furnished with bedding, they must be kept clean and free from vermin.

Camps which have no permanent quarters such as tents or houses, but merely rent tent or car space to transients, are required to secure a permit from the State Board of Health, though license from the State Hotel Commission will not be required.

Permits will be issued for the coming season as rapidly as it is possible for the proper inspections to be made.

PREPARING FOR THE OYSTER SEASON

Oyster shucking plants and equipment are getting the annual overhauling, cleaning, painting, etc., in preparation for the shipping season which opens on October first in Florida.

Repeated attempts have been made to begin the season during the month of September, but warm weather and legal complications in shipping delays the season until the above date.

Certificates issued by the State Board of Health for the gathering, shucking, handling, and shipping of oysters and clams expired on September first and those desiring to engage in this business during the 1933-34 season should apply immediately for a new certificate or renewal.

In view of the limited personnel available, it is also imperative that each applicant be certain in his own mind that all conditions in the regulations are complied with before asking for an inspection for the issuance of certificate. This will prevent the necessity of re-inspections and additional delay.

The marked decrease in deaths from typhoid fever in Florida during the past year is largely due to the efforts of the Shell Fish Commission, Health Departments (Municipal and State) and the legitimate oyster dealers throughout the State, acting in unison to give to the public a product which is safe for human consumption.

To receive this protection, the public must insist on the retailer furnishing only "certified" oysters, handled and dispensed according to the regulations of the State Board of Health.

Beware of "cheap" oysters as they are usually introduced by the "bootlegger" who has no place of business, obtains his oysters from unknown sources, shucks them in many cases under the most unsanitary conditions, washes them in polluted water, packs them into unclean containers, pays no license, and risks the lives of everyone who buys from him.

Be safe. Buy only certified oysters.

BUREAU OF VITAL STATISTICS
Stewart G. Thompson, D.P.H., Director

AUTOMOBILE ACCIDENT DEATHS, 1932



While deaths from automobile accidents have during the past years increased rapidly, it is encouraging to find that there were fewer deaths from this cause in Florida last year than for the previous year. In 1932 there were 481 deaths from automobile accidents in Florida as compared with 514 for the previous year. According to provisional figures released by the United States Bureau of the Census for the calendar year 1932 in the death registration area of continental United States, exclusive of the State of Utah, there were 26,168 deaths from automobile accidents not including collisions of automobiles with railroad trains and street cars. Considering the states separately, those with the highest death rates from automobile accidents in 1932 were Nevada, 63.4; District of Columbia, 38.7; California, 36.9; Arizona, 35.7; Wyoming, 34.5; Delaware, 32.9; and Florida, 31.7. It will be observed by the Bureau of the Census release that Florida ranks seventh among the states in the registration area during the calendar year 1932, while for the previous year, Florida ranked fourth.

During the past year, an unusual amount of activity has been shown in many of our cities in an effort to reduce the mortality from automobile accidents. The figures just released are, therefore, of unusual interest to those who have taken an active part in this campaign. The total number of deaths within a city should not be taken as a measure of the automobile hazard and the tables accompanying this article have, therefore, been prepared showing a comparison of the recorded with the resident deaths and death rates. The recorded deaths are the deaths that actually occur within the boundaries of a city, while the resident deaths represent the number of residents of a particular city who were killed in automobile accidents regardless of the place of the accident or place of death. In the first table, 57 deaths were shown as having occurred in Jacksonville city. However, there were only 45 residents of Jacksonville who died from this cause. In the second table, 8 deaths occurred in Daytona Beach while only 4 deaths were registered among the residents of that city. The figures as shown in the accompanying tables represent cities having 5,000 or more inhabitants.

BUREAU OF VITAL STATISTICS

Recorded and Resident Deaths from Automobile Accidents and Rates
per 100,000 Population by Color for Cities

(having 100,000 inhabitants or more)

Florida, 1932

Cities	Recorded		Resident	
	Deaths	Rates	Deaths	Rates
Jacksonville.....	57	40.7	45	32.2
White.....	38	41.6	30	32.8
Colored.....	19	39.2	15	30.9
Miami.....	40	36.7	39	35.8
White.....	35	41.3	34	40.1
Colored.....	5	20.7	5	20.7
Tampa.....	28	25.9	25	23.1
White.....	24	28.2	22	25.8
Colored.....	4	17.5	3	13.2

Recorded and Resident Deaths from Automobile Accidents and Rates
per 100,000 Population by Color for Cities

(having 10,000 to 100,000 inhabitants)

Florida, 1932

Cities	Recorded		Resident	
	Deaths	Rates	Deaths	Rates
Daytona Beach.....	8	42.8	4	21.4
White.....	4	31.5	3	23.6
Colored.....	4	66.7	1	16.7
Gainesville.....	11	97.3	2	17.7
White.....	9	130.4	1	14.5
Colored.....	2	45.5	1	22.7
Key West.....	0	—	1	7.8
White.....	0	—	1	9.5
Colored.....	0	—	0	—
Lakeland.....	7	33.5	9	43.1
White.....	5	30.3	6	36.4
Colored.....	2	45.5	3	68.2
Orlando.....	13	42.5	13	42.5
White.....	12	54.3	10	45.2
Colored.....	1	11.8	3	35.3
Pensacola.....	10	31.5	7	22.1
White.....	9	40.4	6	26.9
Colored.....	1	10.6	1	10.6

BUREAU OF VITAL STATISTICS
Recorded and Resident Deaths from Automobile Accidents and Rates
per 100,000 Population by Color for Cities
 (having 10,000 to 100,000 inhabitants)
Florida, 1932 (continued)

Cities	Recorded		Resident	
	Deaths	Rates	Deaths	Rates
St. Augustine.....	8	59.7	7	52.2
White.....	7	71.4	4	40.8
Colored.....	1	27.8	3	83.3
St. Petersburg.....	19	44.1	14	32.5
White.....	16	45.6	11	31.3
Colored.....	3	37.5	3	37.5
Sanford.....	2	18.0	5	45.0
White.....	1	17.5	3	52.6
Colored.....	1	18.5	2	37.0
Tallahassee.....	8	68.4	6	51.3
White.....	5	71.4	3	42.9
Colored.....	3	63.8	3	63.8
West Palm Beach.....	13	42.9	11	36.3
White.....	9	44.6	4	19.8
Colored.....	4	39.6	7	69.3

Recorded and Resident Deaths from Automobile Accidents and Rates
per 100,000 Population by Color for Cities
 (having 5,000 to 10,000 inhabitants)
Florida, 1932

Cities	Recorded		Resident	
	Deaths	Rates	Deaths	Rates
Bartow.....	4	72.7	1	18.2
White.....	2	54.1	1	27.0
Colored.....	2	111.1	0	—
Bradenton.....	6	92.3	3	46.2
White.....	4	83.3	1	20.8
Colored.....	2	117.6	2	117.6
Clearwater.....	3	34.5	2	23.0
White.....	3	46.9	2	31.3
Colored.....	0	—	0	—
Coral Gables.....	4	51.3	3	38.5
White.....	4	55.6	3	41.7
Colored.....	0	—	0	—

BUREAU OF VITAL STATISTICS

Recorded and Resident Deaths from Automobile Accidents and Rates
per 100,000 Population by Color for Cities

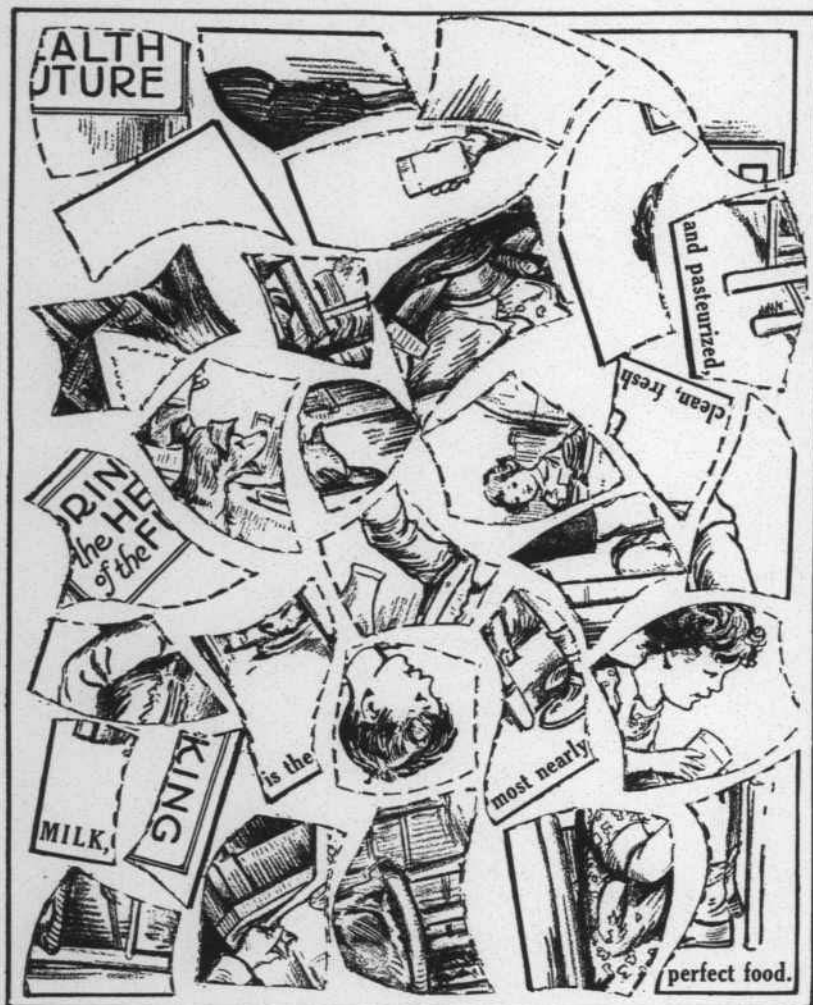
(having 5,000 to 10,000 inhabitants)

Florida, 1932 (continued)

Cities	Recorded		Resident	
	Deaths	Rates	Deaths	Rates
DeLand.....	1	17.5	1	17.5
White.....	1	24.4	1	24.4
Colored.....	0	—	0	—
Ft. Lauderdale.....	9	89.1	2	19.8
White.....	6	76.9	1	12.8
Colored.....	3	130.4	1	43.5
Ft. Myers.....	6	58.3	2	19.4
White.....	6	80.0	2	26.7
Colored.....	0	—	0	—
Lake Worth.....	1	14.3	3	42.9
White.....	1	14.5	3	43.5
Colored.....	0	—	0	—
Miami Beach.....	0	—	1	12.8
White.....	0	—	1	13.3
Colored.....	0	—	0	—
Ocala.....	10	128.2	4	51.3
White.....	8	170.2	4	85.1
Colored.....	2	64.5	0	—
Palatka.....	2	29.4	2	29.4
White.....	2	54.1	2	54.1
Colored.....	0	—	0	—
Panama City.....	3	54.5	2	36.4
White.....	2	44.4	1	22.2
Colored.....	1	100.0	1	100.0
Plant City.....	7	93.3	9	120.0
White.....	6	115.4	7	134.6
Colored.....	1	43.5	2	87.0
River Junction.....	1	13.5	1	13.5
White.....	0	—	0	—
Colored.....	1	43.5	1	43.5
Sarasota.....	4	41.2	4	41.2
White.....	3	41.7	3	41.7
Colored.....	1	40.0	1	40.0
Winter Haven.....	4	48.2	1	12.0
White.....	4	61.5	1	15.4
Colored.....	0	—	0	—



PASTE the square below carefully on a piece of heavy cardboard. Allow to dry. Cut out the irregular shape pieces. Fit them together and find a boy and girl doing something good for their health.



HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

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No. 10

Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

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VITAMINS—*Brink*

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Also Executive Officer and Secretary of Board

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Also Executive Officer and Secretary of Board

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MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M. D. (Rockefeller Foundation)
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MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M. D. (U. S. Public Health Service)
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CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph. D. (U. S. Bureau Entomology)
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DIRECTORS FULL TIME COUNTY HEALTH UNITS

Tallahassee, Leon County.....	L. J. Graves, M. D.
Pensacola, Escambia County.....	W. A. McPhaul, M. D.

ADMINISTRATION**Henry Hanson, M.D., State Health Officer****FLIES**

It is surprising to note the almost complete absence of flies in most sections of Florida. I am referring to the house fly (*Musca Domestica*) which is an inevitable pest in the northern part of the United States during the summer and in the fall until the time of the first killing frosts.

There are fewer house flies in the northern cities than there were twenty to thirty years ago. The reason is the disappearance of fly breeding material on the streets and in vacant lots. The paving of streets has had a great deal to do with this because when garbage or manure is dropped on a hot concrete pavement the development of larvae and pupae will not be favored as it will when the same material is dropped on moist earth. It is easier to remove garbage or fly breeding material from pavement than from an unpaved street where it becomes mixed with the soil. After the fly has deposited her eggs on the garbage or manure these develop into "maggots" or larvae in a few days which in turn become cocoon-like pupae. These develop more readily in the superficial soil than on bare concrete, where they may be killed by direct exposure to the sun, if not swept up and carried to the incinerator.

The replacement of the horse by the automobile has eliminated a great deal of the most favorable fly breeding material (horse manure) but in Florida we have other factors which contribute to control of the fly nuisance. While ants are a nuisance to housewives, these insects appear to feed on larvae and thus prevent many from developing into adult flies.

FEDERAL RELIEF—GARDENS—NUTRITION—MALARIA

Those who devote their time to alleviating hardships and unhappiness among their fellow human beings have many difficult problems to solve. To give in such a way as to avoid pauperizing the recipient requires careful consideration. When the Rockefeller Foundation launched its philanthropic enterprises which now have reached all parts of the world, it surrounded its donations by a series of conditions; sometimes on basis of matching the amount given,

ADMINISTRATION

dollar for dollar, in order that the recipient might continue the feeling of local and personal responsibility for the project. The Foundation fully realized that "what one receives for nothing is never appreciated." The United States Government has worked on the same basis. It is to be hoped that for the sake of maintaining a citizenship morale, it will continue doing so. At the present time, there is danger that some will think they are entitled to all they can get without making any effort to earn it.

Whatever is given by the Government comes out of the pockets of those who pay taxes. Many who are obtaining relief are inclined to feel that they are entitled to it; for example, the servant who asked for a half day off duty to enable her to go to the Federal Relief Station to get her provisions.

As we travel about the State, vegetable gardens are conspicuous by their absence. In many places, people are seen resting on their porches who ought to be busy in their garden plots raising food, carrots, beets, cabbages, lettuce, spinach, potatoes, onions, tomatoes, etc., which everyone in Florida can raise in sufficient amount to take care of themselves and their families. What one gets in cans is good but should be supplemented with fresh vegetables and fruits from the garden. Proper nutrition is one of the most powerful preventives of sickness. Many contagious diseases will fail to get a hold on the boy or girl who is properly nourished. If the well nourished child should contract a communicable disease, he has a better chance to recover than the one who has not had proper food.

Few persons realize how important nutrition is in malaria. With a well balanced diet, the person sick with malaria will get well much more promptly than a person who relies only on what is given to him at the "Relief Stations." A person who will do nothing for himself is not worth saving. During the next three months there will be an increasing amount of malaria. The death rate from this disease will be higher during the next two months than it has been for several years. You in the country should see that you have a fair variety of good food containing such things as carrots, turnips, potatoes, lettuce, cabbage, tomatoes; yes, green corn is good, too.

While you are waiting for State or Federal relief, get to work in your garden and relieve yourself.

BUREAU OF ENGINEERING**Louva G. Lenert, Director****SCHOOLS, TYPHOID AND HOOKWORM**

Chapter 6836, Laws of Florida, Acts of 1915, provides in the first three Sections as follows:

Sec. 1. That all school buildings, public or private, in the state shall be provided with adequate facilities for nature's conveniences, by either water carriage or surface closets with separate compartments for each sex.

Sec. 2. That in rural districts where sewerage systems do not exist, all surface closets used in connection with such schools shall be of fly-proof construction and in conformity with plans recommended or approved by the State Board of Health, with separate compartments for each sex.

Sec. 3. That any school board or any person, firm or corporation, conducting any private school, who shall have charge of the erection, repair or maintenance of any school building, who shall fail to provide said building with the facilities required by Section 1, or who shall fail to provide surface closets as required by Section 2, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not exceeding fifty dollars.

Chapter 7822, Laws of Florida, provides:

That any person, firm or corporation keeping or maintaining surface closets and privies used for the deposit of human excreta within the corporate limits, unincorporated towns, suburbs and thickly settled communities which are not fly-proof in construction and are not in conformity with plans recommended or approved by the State Board of Health shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding ten dollars.

This is the legal status of school sanitation in so far as sewage or excreta disposal is concerned. The law is very clear, and requires the installation and maintenance of adequate facilities for each sex in every school, urban and rural, white and colored, within the State of Florida. School officials, often changing with each succeeding election, are not always familiar with all of their legal responsibilities, and it is for this reason that the laws above are quoted.

It was not expected that the passage of the above statutes would automatically give the desired relief, but the object was to place in the hands of the State authorities the required machinery for bringing the more careless and recalcitrant offenders into line.

From time to time, educational campaigns and propaganda have been directed toward those in authority in the hope that the desired end would be attained and that it would not be necessary to use coercive methods.

BUREAU OF ENGINEERING

Some good has been accomplished in this manner, but it has not kept pace with the increased enrollment of school children.

It has been pointed out that instruction in hygiene and public health cannot be confined to that which is written in books or may be delivered from the lecture platform. There must be actual practice and demonstration carried on in the schools.

Boys and girls cannot keep their hands clean as they are taught to do if they have no water, basin, soap and towels. Common towels are prohibited, so individual paper towels should be provided. The common drinking cup is outlawed, but there is no improvement when children are compelled to drink from the lip of a pitcher pump. Pupils are taught that typhoid fever is a filth disease, yet how often is the school where this is taught provided with no toilet or one of the surface type where flies are bred and during the noon hour eat their lunch with the children from the same basket? Hookworm disease, very common in rural areas, can be readily stamped out through proper excreta disposal followed by the treatment of those infected, but some of the most infective areas are those in the vicinity of the school house with insanitary toilets or none at all.

The most frequent excuse for the shortage of proper sanitary facilities in schools is that of lack of funds. The cost of sanitary toilets is but a small percentage of the total value of the school building, and the latter is incomplete unless toilets are provided.

In the areas visited by the recent tropical disturbance, many school buildings were damaged in varying degrees and these are being rehabilitated through the use of labor furnished by the Unemployment Relief Councils and in some cases materials are furnished by the Red Cross. Sanitary conveniences are cared for as well as the school buildings proper.

With a correct approach, there is every indication that the Emergency Relief Council at Tallahassee would look with favor on a project which included the repairs or installation of new toilet facilities in the schools in every county, provided local authorities furnished the necessary materials. Approved plans for outdoor toilets for schools have been prepared with the cooperation of the State Department of Public Instruction, and these may be had for the asking. The assistance of the State Board of Health in planning such projects is likewise available. No such opportunity to obtain proper sanitary facilities for schools at such low cost will again be presented.

Every school patron should insist that this work be carried out immediately. All school officials should realize that it is their moral and legal obligation.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M.D., Director****VITAMINS**

Besides the four food principles, carbohydrates (starches and sugars), fats, proteins and minerals, all of the higher animals, including man, must have vitamins. These are often mentioned as protective substances because they prevent certain diseases, such as pellagra, rickets, scurvy, etc.

Vitamins are best known by the effect they produce, or rather, by the diseases that develop in persons whose diet is deficient in vitamins. Little is known about their chemical structure and physical appearance, but a great deal is known about the foods which contain the various kinds of vitamins, and that is the thing in which the average individual is interested. It is not even necessary to remember the name or source of each vitamin or the disease caused by its absence. So far as the general diet is concerned with the preservation of good health, it is necessary only to know that fresh fruit, vegetables, dairy products, meats and eggs are the important sources of vitamins. Tomatoes and leafy vegetables—greens—are particularly good, likewise the yellow vegetables, such as carrots, squash and rutabaga. Do not use soda in cooking tomatoes or vegetables; it destroys vitamins.

Though the right foods are served, a person who restricts his diet to foods of low vitamin content will suffer just the same as one who cannot procure a proper diet. Persons who subsist principally on crackers, skim milk, bacon, rice, syrup, corn bread, wheat bread, and potatoes, are not being supplied with enough vitamins.

Many of the protective foods can be provided at little outlay of cash if a garden, a cow and some poultry are kept as a means of supplying the family table. These can be had with little effort by the average farm family. Some of the canned goods are rich in vitamins, tomatoes and salmon, in particular. Yeast is rich in pellagra preventing vitamin, but it is not necessary to buy special products just for their vitamin content if a sufficient amount and variety of natural foods are eaten.

BUREAU OF COMMUNICABLE DISEASES

SOAP AND WATER

Among the most esteemed allies of the health department in the prevention of infectious diseases are the facilities for cleanliness. Soap manufacturers, water departments, plumbers, makers of scrubbing brushes, nail files, wash cloths, even the wash bowl, pitcher and pump—all these and many other aids in the removal of dirt are potent removers of germs and protectors of health. School days should always be days of personal cleanliness. Washing facilities can be and should be provided at every school so that every pupil can go into the school room, also eat his lunch, with **clean** hands. Soap, water and towels—paper towels—are all available and necessary. Hand washing exercises will go a long way to diminish the germ swapping dangers of school days.

SLEEPING SICKNESS

Encephalitis lethargica has of late had its full share of space on the front page of many newspapers. It is important that our thoughts be directed thus to a condition that may become a danger to any section of the country. On the other hand, undue alarm should, if possible, be prevented. The health department is keen to learn of all attacks resembling sleeping sickness. The family doctor should examine the patient and give advice, because drowsiness, stupor or coma may be associated with any one of many kinds of sickness. Kidney disease, diabetes, brain tumor, influenza, etc., have recently been reported as sleeping sickness.

Because science has not learned all about sleeping sickness, many guesses have been made as to its nature, cause, manner of spreading and its cure. Of one thing we may be sure, it is not the African type which is caused by an animal parasite, transmitted by a well known insect, diagnosed readily by a laboratory test and cured or benefited by a well known drug.

The United States Public Health Service has taken due notice of the present outbreak and sent to study it men of unusual ability and as able as any in the world to cope with the situation. Information given out by authority of the government health officials may be relied upon as being accurate and complete.

BUREAU OF LABORATORIES**Paul Eaton, M.D., D.P.H., Director****SLEEPING SICKNESS**

Screen with sixteen wires to the inch will keep malaria mosquitoes out but yellow fever mosquitoes can get through it. If there are eighteen wires to the inch the yellow fever mosquitoes can't get through but sand flies can. Indeed, sand flies will get through almost anything.

The bacteriologist uses a method based on this principle in separating certain disease germs. It is possible to make filters of progressive gradation of fineness and to judge the relative sizes of disease germs from their ability to get through one or the other of these graded filters. On the basis of such a separation of germs we use the terms "filterable virus," "filter passer," etc.

If anybody has ever seen and recognized the germ that causes smallpox, he has never been able to prove it. This germ is a "filter passer" which remains invisible under the most powerful microscope. It can only be recognized by its effects. The same thing is true of the germs of cowpox, chickenpox, rabies, and a number of other diseases. These organisms can be kept alive in living tissue but no person has yet been able to make them visible.

The disease known as encephalitis lethargica or sleeping sickness which is causing so much excitement in this country is caused by a "filter passer." We do not know how it gets into the human body; nobody has ever seen it and there is no drug known to have any effect on the course of the disease. The organism will grow only in the presence of living tissue such as, for instance, the brain of a rabbit or guinea pig.

The disease known in Africa as sleeping sickness is an entirely different matter. It is caused by an organism known as a trypanosome which can be readily found and can be cultivated on laboratory media. We know that it is introduced into the body by the bite of a certain fly called the tsetse-fly, and we know that arsenic will cure the disease in its early stages.

BUREAU OF LABORATORIES

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF AUGUST, 1933

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites . . .	1135	370	125	122	54	1806
Diphtheria	767	179	59	89	19	1113
Typhoid	921	342	112	23	23	1421
Malaria	1155	332	99	16	160	1762
Rabies	9	5	1	..	..	15
Tuberculosis	209	129	34	38	6	416
Gonorrhea	650	282	73	123	34	1162
Kahn (Syphilis) . . .	4816	2045	301	1236	318	8716
Water . . . . .	..	40	26	230	..	296
Milk	347	520	121	517	102	1607
Miscellaneous	538	39	4	192	..	773
	<hr/> 10547	<hr/> 4283	<hr/> 955	<hr/> 2586	<hr/> 716	<hr/> 19087

Specimen containers distributed 8107

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin	10,000 units	98 Packages
	5,000 units	37 Packages
Schick		900 Tests
Toxoid		2460 C. C.
Toxin Antitoxin		300 C. C.
Typhoid Vaccine		2535 Treatments
Vaccine Virus		1032 Capillaries
Antirabic Virus		15 Treatments
Tetanus Antitoxin	1,500 units	4 Packages

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD
BE DIRECTED TO THE STATE LABORATORY
STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

HEALTH MEASURES

A THOROUGHLY up-to-date community provides sufficient funds, equipment, and trained personnel to carry on in an efficient manner the following lines of work.

0 VITAL STATISTICS are known as the "Bookkeeping of Health." Prompt and accurate reports of births, marriages, and deaths are of value to the Health Officer in planning and carrying out his work. They are also of great importance to individuals in connection with many needs of every day life. These records should be complete and readily available.

1 CONTROL OF DISEASES is the chief duty of the Health Department. These include not only the common communicable variety—affecting children usually—but also tuberculosis and the venereal affections. The increase of cancer and heart diseases has brought them into the field of Public Health because with proper preventive measures they can be greatly reduced.

2 MATERNAL AND CHILD HYGIENE begin with prenatal care and help the mother during the dangerous experience of childbirth. The infant is conducted through the first year of life, looked after from two to six, and supervised in school. This involves numerous clinics, protective treatments, examinations, corrections of defects, and elementary instruction about health.

3 FOOD, WATER, MILK, AND GENERAL SANITATION are important items in our environment. Modern sanitation can make any community fit for human habitation. Pasteurized milk, filtered and chlorinated water, pure food laws, examination of food handlers, control of flies and mosquitoes, and elimination of health nuisances have been developed to a high degree.

4 THE LABORATORY is essential to the success of the foregoing program. This work began with simple tests of water and milk and then came to include examinations of specimens from the human body for the organisms that cause communicable disease. Many municipal laboratories now handle extensive tests of foods and the more complicated work required by up-to-date physicians.

5 POPULAR HEALTH INSTRUCTION is the foundation of effective Public Health work. The Health Officer has the power and authority to drive but he gets the best results when he leads. Well prepared material in various forms concerning all features of public and private health are available, but they must be attractively and continuously presented to do the most good.

BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D.P.H., Director****MALARIA MORTALITY**

There has always been a vast variance in the number of deaths from malaria. In 1931, the lowest recorded death rate from malaria in Florida was attained. Last year, however, the number of deaths increased, making a rate of 15.2 per 100,000 population. The highest rate was in 1919, when 440 deaths were recorded, making a rate of 46.0.

The expenditures necessary for the control or extermination of mosquitoes are so great that many officials are prone to become discouraged in the fight. The mosquito responsible for transmitting the disease must be exterminated or our citizens protected against it in order to consistently reduce the number of deaths from malaria. Vast amounts of money have been spent in drainage with good results. Less than half as many deaths were charged to malaria in Florida last year as for the year 1929. There is a great deal of work to be done and the State Board of Health as well as other departments actively engaged in the class of work affecting the extermination of mosquitoes must do its share. An active fight should be continued with a view to exterminating the malaria transmitting mosquito and a reasonable appropriation should be allotted to this particular class of work.

Malaria is a preventable disease and every effort should be put forth to reduce the mortality that at the present time rates entirely too high. The State Board of Health, as well as other departments, has written volumes on this subject in which has been pictured not only the loss of life and extreme physical suffering but also the economic loss caused by patients not being able to work. A sick man or woman cannot be expected to work and, therefore, the prevention of malaria adds greatly to the income of families and the production in factories and industries.

In order that a closer check may be available in the different counties, the number of deaths and death rates are divided into two classes; first, "recorded" and second, "resident." The recorded deaths represent the deaths that actually occur in each county. The resident deaths are those

BUREAU OF VITAL STATISTICS

of individuals who make their homes or reside in the different counties. With this division as shown in the accompanying table, it is possible to get a better check in each county of the losses sustained by deaths from this disease. For example, in Alachua County last year there were seven deaths which occurred in that county from malaria, while only six of these deaths occurred among the residents of Alachua County. On the other hand, only one death occurred in Hardee County from malaria, while two of the residents of Hardee County died from the same disease. It is very important that health officers have reliable information not only of the number of deaths occurring from different causes, but it is also necessary to know about the particular groups affected. If there is a high death rate in a particular city or county, that is, of course, a warning, but it is also necessary for the health officer to know what caused the deaths. In addition, he should know whether the decedents belonged in the particular population group or whether a sick or injured patient was taken into a particular city or county for hospitalization or other reasons, in order that the infection or hazard may be traced to its source.

Malaria Deaths and Death Rates per 100,000 Population
By Color—Florida, 1917-1932

Years	Total		White		Colored	
	Malaria Deaths	Rates per 100,000 Pop.	Malaria Deaths	Rates per 100,000 Pop.	Malaria Deaths	Rates per 100,000 Pop.
1932	233	15.2	123	11.4	110	24.6
1931	205	13.6	109	10.2	96	21.7
1930	332	22.4	182	17.4	150	34.4
1929	470	32.8	259	25.7	211	49.6
1928	388	28.1	224	23.2	164	39.5
1927	208	15.6	92	9.9	116	28.6
1926	223	17.3	98	11.0	125	31.6
1925	209	16.9	112	13.2	97	25.2
1924	249	21.0	123	15.1	126	33.6
1923	293	25.7	161	20.8	132	36.1
1922	247	22.7	127	17.3	120	33.8
1921	231	22.2	120	17.2	111	32.1
1920	352	35.5	197	30.0	155	46.2
1919	440	46.0	254	40.4	186	56.5
1918	224	24.0	122	20.1	102	31.2
1917	273	29.9	158	26.9	115	35.4

BUREAU OF VITAL STATISTICS

Recorded and Resident Deaths from Malaria and Rates per 100,000
Population by Counties—Florida, 1932

Counties	Recorded		Resident	
	Deaths	Rates	Deaths	Rates
0. State	233	15.2	229	15.0
1. Alachua	7	19.6	6	16.8
2. Baker	0	—	0	—
3. Bay	5	41.0	5	41.0
4. Bradford	1	10.1	1	10.1
5. Brevard	0	—	0	—
6. Broward	2	8.5	2	8.5
7. Calhoun	7	94.6	7	94.6
55. Charlotte	2	46.5	2	46.5
8. Citrus	3	53.6	3	53.6
9. Clay	2	28.2	2	28.2
62. Collier	0	—	0	—
10. Columbia	10	68.0	8	54.4
11. Dade	2	1.2	1	0.6
12. DeSoto	2	25.6	2	25.6
56. Dixie	5	67.6	5	67.6
13. Duval	2	1.2	2	1.2
14. Escambia	5	9.2	4	7.3
53. Flagler	0	—	0	—
15. Franklin	2	30.8	1	15.4
16. Gadsden	18	57.5	18	57.5
64. Gilchrist	3	71.4	3	71.4
57. Glades	0	—	0	—
65. Gulf	0	—	0	—
17. Hamilton	0	—	0	—
58. Hardee	1	9.5	2	19.0
63. Hendry	0	—	0	—
18. Hernando	3	60.0	3	60.0
59. Highlands	1	9.5	1	9.5
19. Hillsboro	4	2.4	3	1.8
20. Holmes	4	31.0	4	31.0
66. Indian River	0	—	0	—
21. Jackson	14	43.6	15	46.7
22. Jefferson	10	74.6	11	82.0
23. Lafayette	2	45.5	2	45.5
24. Lake	1	3.9	1	3.9

BUREAU OF VITAL STATISTICS

Recorded and Resident Deaths from Malaria and Rates per 100,000
Population by Counties—Florida, 1932—(Continued)

Counties	Recorded		Resident	
	Deaths	Rates	Deaths	Rates
25. Lee	1	6.0	1	6.0
26. Leon	10	40.5	9	36.4
27. Levy	5	38.5	5	38.5
28. Liberty	2	49.2	2	49.2
29. Madison	7	44.8	7	44.8
30. Manatee	8	33.1	7	28.9
31. Marion	13	42.2	14	45.5
67. Martin	1	17.5	1	17.5
32. Monroe	0	—	0	—
33. Nassau	1	10.7	1	10.7
34. Okaloosa	3	30.0	2	20.0
54. Okeechobee	0	—	1	21.7
35. Orange	5	8.9	5	8.9
36. Osceola	1	8.7	1	8.7
37. Palm Beach	2	3.4	2	3.4
38. Pasco	3	27.3	2	18.2
39. Pinellas	6	8.6	6	8.6
40. Polk	8	10.0	7	8.8
41. Putnam	1	5.3	2	10.6
42. St. Johns	3	15.1	3	15.1
43. St. Lucie	0	—	0	—
44. Santa Rosa	0	—	1	7.0
60. Sarasota	1	7.0	1	7.0
45. Seminole	3	14.7	3	14.7
46. Sumter	2	17.7	2	17.7
47. Suwannee	3	19.1	3	19.1
48. Taylor	4	29.4	4	29.4
61. Union	2	25.3	2	25.3
49. Volusia	5	10.6	5	10.6
50. Wakulla	8	145.5	9	163.6
51. Walton	5	33.1	5	33.1
52. Washington	2	16.3	2	16.3

American Junior Red Cross



HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

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Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

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MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M. D. (Rockefeller Foundation)
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MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M. D. (U. S. Public Health Service)
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Orlando.....	W. V. King, Ph. D. (U. S. Bureau Entomology)
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THE ST. PETERSBURG MEETING

In the St. Petersburg meeting, the Florida Public Health Association offers an opportunity to the citizens of the State equal in educational value to that of some of the large national conventions. The original purpose of the annual gathering of the health workers in the State was to give the nurse, the sanitary officer and the health officer an opportunity to report on problems which had been met in the daily routine and obtain advice on how to handle them. At first, a few of the nationally known authorities were invited to discuss some vital issues. The response from the guest speakers has been most gratifying and each year after the first meeting, it has appeared that we have had more and better papers. It now looks like an Institute in Public Health.

The program to be presented in St. Petersburg on the 3rd, 4th, 5th and 6th of December is of a truly outstanding nature. The convention opens on Sunday afternoon in a Conference on Social Hygiene, which will be presided over by Mrs. W. M. Ball, of Jacksonville, with Mrs. Margaret Wood, of the American Social Hygiene Association, of New York, as the principal speaker. After Mrs. Wood's address, the leading features in venereal disease prevention will be taken up in a round-table discussion. All who are interested in what has been spoken of as the greatest of public health problems should attend this meeting.

On Monday, December 4th, at 9:30 a. m., the first general session opens by an invocation and a series of welcoming addresses by St. Petersburg and Pinellas County officials and the President of the State Medical Association, which will be followed by a response and presidential address by Dr. Mark F. Boyd, of the Rockefeller Foundation, who is President of the Florida Public Health Association.

The following addresses are of more than usual importance to those who are interested in child hygiene and public health nursing. Dr. W. T. Harrison, of the United States Public Health Service, will bring us the latest information on the improved methods of protecting children against diphtheria. Dr. Harrison will speak on the new developments in the one-dose toxoid, which seems to be the most promising thing yet developed in diphtheria prevention. This is of special interest to physicians as well as to the laity. It will be worth the trip of any doctor to hear this address. This will be followed by Dr. Estella Ford Warner, of the United States Public Health Service, who will discuss a child hygiene program. Dr. Warner's address will be of great interest to the Federation of Womens Clubs and to the Parent-Teachers Association. Dr. Warner has been in great demand in various parts of the United States in the development of child hygiene. Following Dr. Warner, we have

ADMINISTRATION

another national authority in Miss Alma Haupt, who is the Associate Director of the National Organization for Public Health Nursing. Miss Haupt will tell what a logical practical nursing program should be in a state health organization and will point out how the local nursing group can coordinate and work with that of the central organization.

The afternoon opens with the President of the State Board of Health presiding and a paper from the representative of the American Public Health Association on "Health Conservation Contests." There are many people who do not know what this great work of the National Chamber of Commerce is. Dr. Carl E. Buck will point out how it dovetails with a general public health program. Dr. Frank C. Metzger, of Tampa, will follow Dr. Buck on a topic which vitally concerns a great many people throughout the whole nation. While "Hay Fever" is Dr. Metzger's topic, hay fever and asthma are closely associated, and more information is needed on these two troublesome afflictions of mankind. The afternoon will close with a discussion of communicable diseases by Dr. F. A. Brink and a number of his associates. In the round-table discussion, we expect to have some of our leaders in the State contribute valuable information.

After so heavy a day's program, it seemed advisable to take all the guests out for an airing in the form of a sightseeing tour, that they might be better able to reap the benefits of the leading features of the meeting and the address of our principal guest speaker, Dr. Henry F. Vaughan, Health Commissioner of the City of Detroit, Michigan. Dr. Vaughan's topic, "Preventive Medicine from the Family Physician," is one which is of vital interest both to the physicians and to the laity alike. Everyone is invited to this public meeting at 7 p. m., Monday, December 4th, and a record crowd is anticipated.

The program is too extensive to attempt a discussion of each item for each of the succeeding days. An article of this kind would be too long. I can only continue by pointing out the leading features of the program which follows by saying that we will have our midwife problem presented by Miss Joyce Ely, Acting Chief of our Public Health Nursing Division, which will be followed by "Some Observations on Maternal Mortality," by Dr. T. F. Murphy, of the United States Bureau of Census, and "Infant Mortality in the United States and Rumania," by Dr. W. Thurber Fales, who is Registrar of the Alabama Department of Health. This is to be followed by a symposium on insect borne diseases, Dr. W. E. Dove and Dr. W. V. King, both of the Bureau of Entomology of the United States Department of Agriculture, presenting two leading topics. This will be followed by "Report on Malaria Surveys," by Dr. T. H. D. Griffiths, of the United States Public Health Service, and "Technique Malaria Examinations," by Dr. Paul Eaton of the State Board of Health Laboratories.

ADMINISTRATION

The afternoon of the second day will be given over to engineering problems, a round-table discussion, directed by Mr. Louva G. Lenert, Director, Engineering Bureau, State Board of Health, and a discussion on public health nursing, presided over by Miss Ruth Mettinger, of the American Red Cross. The next morning will be given over to municipal health problems, the speakers being Dr. George N. MacDonell, Health Officer of Miami, Dr. J. R. McEachern, Health Officer of Tampa, and Dr. N. A. Upchurch, Health Officer of Jacksonville. Following this, two distinguished guests who have not previously participated in these state meetings will be heard; first, the Assistant Commissioner of our own State Department of Agriculture, and Mr. J. J. McManus, of the United States Food and Drug Administration.

At the close of the morning session, there will be a summing-up of the salient features of the program, by Dr. C. E. Waller, Assistant Surgeon General, United States Public Health Service, Dr. J. A. Ferrell, of the Rockefeller Foundation, and Dr. E. L. Bishop, President-elect of the American Public Health Association. The afternoon of the third day will be consumed in a discussion of milk problems by the Florida Milk Inspectors' Association, which is affiliated with the State Public Health Association. On this occasion, Mr. George V. Weems, Director of the State Milk Commission, will give an address on the purposes of the Commission which he represents.

AUTOMOBILE ACCIDENTS

In the September issue of Health Notes, page 124, there is a discussion of automobile accident deaths for the year 1932. While we are glad to note that there were not as many fatalities as during the previous year, there still were 481 recorded deaths in the state due to automobile accidents. This is 80 more than the total of the combined deaths from diphtheria, typhoid and malaria for the same year. It is also more than all the deaths recorded from pellagra and the disorders of pregnancy, childbirth and the puerperal state.

Health Notes joins with all other state agencies to urge more thoughtfulness in driving the automobile. We feel very keenly the tragedies which occur from time to time which might have been avoided with a little more care and thoughtfulness in driving. It seems that persons, both men and women, who normally are courteous under all circumstances have a tendency to forget both courtesy and consideration for others the moment they take their place in the driver's seat of an automobile. Many accidents are due to this attitude. Many accidents may be due to mechanical defects, but such accidents would be less serious in their irreparable consequences if the driver would have a little more regard for the rights of the other person.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M.D., Director****CHILDREN'S TEETH**

Care and preservation of the teeth of children should receive the serious attention of every parent. Neglect of the teeth results very commonly in decay, with its train of inflammation, foul breath and absorption of bacteria and their products into the blood. The relationship between tooth decay and its remote effects is quite generally known. The most common complications are rheumatism, neuritis (nerve inflammation), heart disease, digestive disturbance and kidney disorders.

First in importance for the teeth of a child is the diet of the mother before the child is born and while it is nursing; next, is the diet of the child during the years when the child and its teeth are growing. Not only should the diet be rich in minerals but it should contain the vitamins that enable the body to utilize these minerals. The necessary minerals and vitamins are contained in milk, cream, butter, fresh fruits and fresh vegetables. A child whose diet or whose mother's diet is deficient is very likely to have poor teeth—teeth that will break and decay readily.

The Tooth Brush

Any person who leaves particles of food about the mouth to decay, is courting tooth trouble and expense. Early formation of the clean mouth habit goes far to prevent this. A good brush and toothpaste and a little encouragement from parents will develop an early desire and appreciation for mouth cleanliness. The time for the toilet of the mouth is **after meals**. One who retires with a clean mouth is not likely to waken with a dirty mouth and foul breath. Brushing the teeth should be done intelligently and with but one purpose; namely, to cleanse the teeth and mouth. One who performs the task carelessly will not get this desired result.

The Dentist

Children can be so taught that they will not dread a visit to the dentist. Too much talk about painful experience at the dentist's office or dread of going may have a most undesirable effect on the child's mind; likewise, too much sympathy before or during the child's first trip to the dentist. The benefits should be stressed and the unpleasant things minimized as much as can be done consistently with honesty.

Finally, the semiannual visit to the dentist to have the teeth cleaned and necessary repairs made is quite as important as the health examination or the occasional inspection of an automobile.

Let us care for our teeth at all times as a means of preserving good health.

BUREAU OF COMMUNICABLE DISEASES

SCHOOL DAYS

The State Board of Health has learned to expect an increase of diphtheria, scarlet fever and other infectious diseases of childhood during the fall months. About a week after the opening of schools, the calls for help begin coming in and the District Health Officers are busy from then until the holidays, Schick testing, immunizing, isolating, instructing and lecturing—all for the prevention of full-blown epidemics. It is then that parents are cooperative and eager to have children protected. What a happy feeling we should experience if the parents of Florida should decide to get the children ready for school before sending them to school. Some day, perhaps, the preparation of the children themselves for school will be given as much attention as is given to their clothes. No child need have diphtheria. The family doctor can give the two preventive treatments.

Every child can be trained to wash his hands before he eats, to use only his own individual drinking cups, to bite only from his own apple or sandwich, to smother his coughs and sneezes and to avoid those who fail to do so. It takes patience to train a child thus, it takes constant vigilance and the cooperation of parents and teachers but the results justify the effort.

What to Do When Diphtheria, Scarlet Fever, Etc. Appear in School is the title of a bulletin published by the State Board of Health for free distribution to teachers and parents. Ask for it.

MALARIA

Malaria has been a little more prevalent this fall than usual. Without the extensive and well directed drainage work of the summer, it would probably have been much more prevalent. It would take an enormous amount of drainage to destroy all the breeding places of the malaria carrying mosquito.

Remember, screening is a most effective means of preventing malaria. The wire must have sixteen or more meshes to the inch; screens must be tight fitting and in good repair; they must not be left open. Persons with malaria should continue treatment, according to the physician's directions, until cured.

DIPHTHERIA IMMUNITY—QUICKER AND BETTER

As a result of further research conducted in an effort to improve our methods of immunizing children against diphtheria, a new preparation has now been placed on the market and is known as Toxoid Alum Precipitated. It has been found that one injection of this product produces

BUREAU OF COMMUNICABLE DISEASES

immunity of a higher degree and in a shorter time than is the case with any preparation previously offered. It has a marked advantage in the fact that only one injection is necessary.

This product is now being placed on the market by a number of manufacturing concerns and can be obtained through local druggists. The trouble of returning for two or three immunizing treatments may have been a hindrance to the immunization of small children in the past. This new product should facilitate greatly the immunizing of children under six years of age, as they need be taken to the family physician only once. A small lump is left at the site of injection; it remains for a few weeks and disappears without leaving any permanent effect.

PELLAGRA

By careful investigations, Goldberger established a definite relation between pellagra and a lack of something in the diet which we now know as vitamin B, Fraction G or PP (pellagra preventive). Prior to his studies, the disease was believed by many to result from eating foods made from corn—spoiled corn. Hence, the following from the January, 1910, issue of Health Notes:

He Had to Give in

The father would not believe his daughter had pellagra for, he said, she had eaten no diseased corn, green corn, corn bread, mush or hominy, had drunk no corn whiskey, eaten no corned beef or flour adulterated with corn; but he had to give in when the doctor asked if she had not been using corn salve.

POSTURE FOR EVERY AGE

"Good posture is the cure for some evils and certainly a preventive of many," says Dr. R. Tait McKenzie in "Posture," an article appearing in *Hygeia*.

It is shown how home and school can cooperate from the child's earliest years, in fact from babyhood, through school and college days, to develop the correct posture that will have such a great influence on the life of the person.

The kind of school desks conducive to good and to bad posture, corrective and general physical exercises for various ages, tests for good posture, correct clothing and shoes are all discussed.

BUREAU OF LABORATORIES

Paul Eaton, M.D., D.P.H., Director

PRECISION

Few people have any real conception of how very modern are the methods of precision in everyday use. Take, for example, the measurement of time. When Galileo, about three hundred years ago, first investigated the laws of falling bodies, the best way he had of measuring the lapse of time, was by letting water run into a receptacle of some kind during the interval he wished to measure, and weighing the water. The hour was the chief interval of time and after the invention of time keeping instruments, it was natural enough to call one sixtieth part of an hour, a "minute interval" and later to leave off the word interval and change the pronunciation to what we say today. How many persons know that when the need arose for a shorter interval of time a sixtieth part of a minute was called a "second minute," whence our word "second"?

When the need for accurate measurement of temperature stimulated a German scientist to invent our common Fahrenheit scale, the distance between the two chief fixed points; viz., the freezing and boiling points of water, was divided into 180 degrees; no one knows why. A mixture of salt and ice lowered the temperature to what the inventor took to be the absolute zero at 32° below the freezing point, and thus fixed the boiling point at 212° , an illogical procedure. The French system of calling the freezing point 0° and the boiling point 100° is better.

There are many persons living who remember a time when the thermometer was not in common use in medicine.

Precise measurement is the characteristic of science. It has been carried to a degree of refinement that would be a miracle to Galileo. But many of the methods used are indirect. For example, when you read that a certain radio station broadcasts at a frequency of one thousand kilocycles, you need not feel sorry for somebody who had to count a million alternations in an electric current in one second. It is not done that way. But the method is accurate, even though indirect.

Many laboratory procedures require measurements of a high degree of precision. In the examination of milk, for instance, we are often concerned with differences in weight not greater than the weight of a human hair a few inches long. When two or more persons can get the same results working independently, these results must be close to the truth.

We are also required to measure differences in temperature to one thousandth part of a degree. There is nothing more wonderful in this than there is in the fact that an automobile mechanic can measure an engine part to one thousandth part of an inch or one ten thousandth part of an inch if he finds it necessary to do so.

BUREAU OF LABORATORIES

NEW FEDERAL FOOD AND DRUGS ACT

A matter which should be of great interest to all interested in public health work is Senate Bill S-1944, introduced by Senator Copeland just before the adjournment of the last Congress. This bill, known as the **new Federal Food and Drugs Act**, will have active consideration by the next Congress.

In the Bill are included many provisions intended to expand, supplement and strengthen the present Federal Food and Drugs Act. The Bill provides for control of advertising of all foods, drugs and cosmetics. The present law has no jurisdiction over advertising, outside of the actual package label. It will prohibit the sale of dangerous cosmetics and will require all cosmetics to be truthfully labeled. Dangerous cosmetics are not restricted in any manner under the present law.

The measure will authorize the Secretary of Agriculture to establish standards for foods having the force and effect of law, and will require more fully informative labels on foods, drugs and cosmetics. It will also prevent the sale of drug products for self-medication for diseases where such use may be dangerous. It will prevent either direct or indirect representation of the effect of drugs which is contrary to the general agreement of medical opinion, and will also require products labeled "antiseptics" to be really antiseptic when used according to directions.

Of great interest to health workers, and consumers, is the fact that this Bill will provide a means for control of sanitary conditions of manufacture, processing and packaging of food products, a factor lacking in the present law.

It will require label and advertising statements claiming special nutritional value for food products to be literally true and will outlaw any manner of deceptive packages, including slack-filled and deceptively shaped ones.

Copies of the new Bill can be had by request of your Senator or Representative for S-1944, and additional information desired may be had by writing to the Food and Drug Administration, Custom House, Savannah, Georgia.

BUREAU OF LABORATORIES

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF SEPTEMBER, 1933

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites .	1,205	532	297	89	155	2,278
Diphtheria.....	917	166	51	231	43	1,408
Typhoid.....	933	330	91	45	28	1,427
Malaria.....	1,058	302	94	31	303	1,788
Rabies.....	6	4	.....	1	...	11
Tuberculosis.....	203	114	32	35	14	398
Gonorrhea.....	527	268	50	135	55	1,035
Kahn (Syphilis) ..	4,455	1,793	302	1,344	261	8,155
Water.....	.....	95	36	234	...	365
Milk.....	281	408	155	454	60	1,358
Miscellaneous....	394	32	5	111	6	548
	9,979	4,044	1,113	2,710	925	18,771

Specimen containers distributed..... 6,312

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin.....	10,000 units	116 Packages
	5,000 units	47 Packages
Schick.....		4810 Tests
Toxoid.....		9646 C. C.
Toxin Antitoxin.....		4179 C. C.
Typhoid Vaccine.....		8415 Treatments
Vaccine Virus.....		1680 Capillaries
Antirabic Virus.....		7 Treatments

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD
BE DIRECTED TO THE STATE LABORATORY
STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

HEALTH A-B-C

OUR country is divided into areas which vary greatly from each other in speech. Different levels of society say the same thing in different ways. Every business and profession has its own vernacular. Your doctor can (and perhaps sometimes does) assert that you have a cold in your head or a pain in your toe in words you do not understand. Health workers frequently forget that their listeners or readers are not always familiar with the lingo of the job. For this reason we propose to give below, and occasionally in bulletins which are to follow, the simplest possible explanation of our most used words that have a technical twist. This plan we hope will be not only of value to children who have things they must learn, but of interest to others who would become better acquainted with the wonders of "Preventive Medicine," "Hygiene," and "Public Health."

ADENOIDS: Little lumps of flesh which hang on to the back part of the throat. Generally they are very small and do no harm, but sometimes they block off the air passage and make it hard to breathe through the nose. Young children who keep their mouths open most of the time should have their throats examined. If the adenoids are found to be enlarged, it is usually desirable to have them removed by a very simple operation.

ANTHRAX: A disease common to sheep and cattle, but rare in human beings. It is limited almost entirely to persons who work with hides or wool. It is caused by anthrax germs from the bodies of animals which have had this disease getting into the human system through cracks or cuts in the skin. This way of catching it, as well as its effects, are quite similar to what we call "blood poison." It is very seldom given by one person to another, and cooked meat cannot spread the disease.

ANTISEPTIC: From the two words anti—"against" and sepsis—"poison": therefore, something that prevents poisoning. It is really a "germ killer." The best known antiseptics are iodine and carbolic acid.

ANTITOXIN: This literally is exactly the same as "antiseptic" because "toxin" is the poison given out by germs. Actually, however, its meaning is a little different. Antitoxin is the mysterious substance which the body makes to counteract the poisons that germs of sickness have given out.

Fortunately, we have discovered how to make diphtheria, lock-jaw and some other kinds of antitoxins. When one of these is put into the body of a person sick with that disease it immediately rushes to the aid of the natural antitoxin and helps overcome the poison. These remedies are very wonderful indeed and save many lives. They must be used early in the sickness, however, to do the most good.

BUREAU OF VITAL STATISTICS
Stewart G. Thompson, D.P.H., Director

INFANT MORTALITY



A new low record has been established in Florida for infant mortality. Last year the rate was 61, which means the number of deaths of infants under one year of age per 1,000 births reported. This infant mortality rate of 61 for 1932 is particularly appreciated when compared with the rates of previous years. For example, in 1917 the rate was 106 and in 1918 it was 107. The following table, giving the rates by years, shows a decided downward trend in the infant mortality rate of this state. Those citizens who are responsible for this splendid showing in the reduction of the infant mortality rate of our state will study these figures with a deep sense of gratification.

The lives of our citizens constitute the state's greatest asset. The greatest loss of life has been among those under one year of age, and this is, therefore, the most important point of attack in reducing the general death rate in the state. During the last two decades, the span of life has been increased many years and the greatest gain is shown among those under one year of age.

While a baby born today has a much greater opportunity to live into the higher age groups, there are still too many deaths occurring among babies under one year of age. The best efforts of all health departments in the state and every citizen should be challenged in the fight to save the babies.

**Deaths Under 1 Year and Infant Mortality Rates, By Color,
 1917 to 1932, Inclusive**

Years	TOTAL		WHITE		COLORED	
	Deaths Under 1 Yr.	Rates per 1000 Births	Deaths Under 1 Yr.	Rates per 1000 Births	Deaths Under 1 Yr.	Rates per 1000 Births
1932	1,680	61	940	50	740	86
1931	1,737	64	979	52	758	91
1930	1,729	64	928	50	801	95
1929	1,766	66	953	52	813	95
1928	2,000	67	1,123	54	877	96
1927	2,303	68	1,336	56	967	95
1926	2,614	75	1,545	62	1,069	108
1925	2,179	74	1,219	61	960	104
1924	2,182	82	1,259	70	923	107
1923	1,822	78	1,017	65	805	106
1922	1,691	77	997	65	694	104
1921	1,770	80	1,001	66	769	112
1920	1,835	94	1,031	76	804	134
1919	1,659	89	927	72	732	126
1918	1,947	107	1,148	91	799	145
1917	1,897	106	1,087	86	810	155

BUREAU OF VITAL STATISTICS

Deaths of Infants Under One Year of Age and Rates per 1,000 Live Births By Color and By Counties—1932

Counties	TOTAL		WHITE		COLORED	
	Deaths Under 1 Yr.	Rates per 1000 Births	Deaths Under 1 Yr.	Rates per 1000 Births	Deaths Under 1 Yr.	Rates per 1000 Births
0. State.....	1,680	61	940	50	740	86
1. Alachua.....	41	60	19	53	22	68
2. Baker.....	10	59	5	37	5	139
3. Bay.....	22	62	15	52	7	100
4. Bradford.....	8	42	6	38	2	65
5. Brevard.....	11	68	5	52	6	91
6. Broward.....	25	65	5	24	20	114
7. Calhoun.....	16	92	11	79	5	147
55. Charlotte.....	4	98	2	57	2	333
8. Citrus.....	5	47	4	58	1	26
9. Clay.....	9	102	2	30	7	318
62. Collier.....	2	54	2	59	..	..
10. Columbia.....	24	72	14	80	10	63
11. Dade.....	128	56	77	46	51	83
12. DeSoto.....	15	79	13	81	2	65
56. Dixie.....	9	91	7	96	2	77
13. Duval.....	147	53	60	33	87	95
14. Escambia.....	73	59	53	55	20	74
53. Flagler.....	1	30	1	100	..	..
15. Franklin.....	5	44	2	29	3	70
16. Gadsden.....	53	92	18	86	35	96
64. Gilchrist.....	6	75	6	81	..	..
57. Glades.....	2	40	1	24	1	125
65. Gulf.....	9	155	7	206	2	83
17. Hamilton.....	16	80	7	61	9	107
58. Hardee.....	14	64	12	61	2	83
63. Hendry.....	2	41	2	50	..	..
18. Hernando.....	2	18	..	..	2	57
59. Highlands.....	12	61	6	40	6	122
19. Hillsboro.....	130	50	87	41	43	88
20. Holmes.....	12	36	12	38	..	..
66. Indian River.....	6	41	2	19	4	98
21. Jackson.....	47	60	25	52	22	73

BUREAU OF VITAL STATISTICS

Deaths of Infants Under One Year of Age and Rates per 1,000 Live Births By Color and By Counties—1932 (Continued)

Counties	TOTAL		WHITE		COLORED	
	Deaths Under 1 Yr.	Rates per 1000 Births	Deaths Under 1 Yr.	Rates per 1000 Births	Deaths Under 1 Yr.	Rates per 1000 Births
22. Jefferson.....	28	81	5	61	23	87
23. Lafayette.....	5	72	5	76	..	..
24. Lake.....	26	61	16	55	10	73
25. Lee.....	17	69	11	59	6	97
26. Leon.....	45	86	12	72	33	92
27. Levy.....	20	90	8	58	12	140
28. Liberty.....	8	88	5	82	3	100
29. Madison.....	27	63	8	47	19	74
30. Manatee.....	17	51	11	54	6	47
31. Marion.....	45	83	22	86	23	80
67. Martin.....	8	100	2	38	6	214
32. Monroe.....	10	41	6	31	4	85
33. Nassau.....	8	39	1	8	7	80
34. Okaloosa.....	14	54	12	50	2	105
54. Okeechobee.....	6	81	6	98	..	..
35. Orange.....	57	65	31	46	26	133
36. Osceola.....	6	48	4	41	2	74
37. Palm Beach.....	54	67	25	46	29	106
38. Pasco.....	6	31	5	31	1	28
39. Pinellas.....	36	44	21	34	15	75
40. Polk.....	84	56	65	55	19	60
41. Putnam.....	34	97	12	66	22	129
42. St. Johns.....	17	49	11	52	6	44
43. St. Lucie.....	6	37	4	36	2	39
44. Santa Rosa.....	22	61	15	51	7	111
60. Sarasota.....	9	43	3	19	6	111
45. Seminole.....	31	78	14	72	17	85
46. Sumter.....	13	63	5	41	8	93
47. Suwannee.....	31	80	19	76	12	86
48. Taylor.....	13	66	8	56	5	91
61. Union.....	18	122	14	117	4	143
49. Volusia.....	46	68	34	71	12	63
50. Wakulla.....	6	66	2	40	4	98
51. Walton.....	22	68	18	65	4	85
52. Washington.....	19	59	12	53	7	74

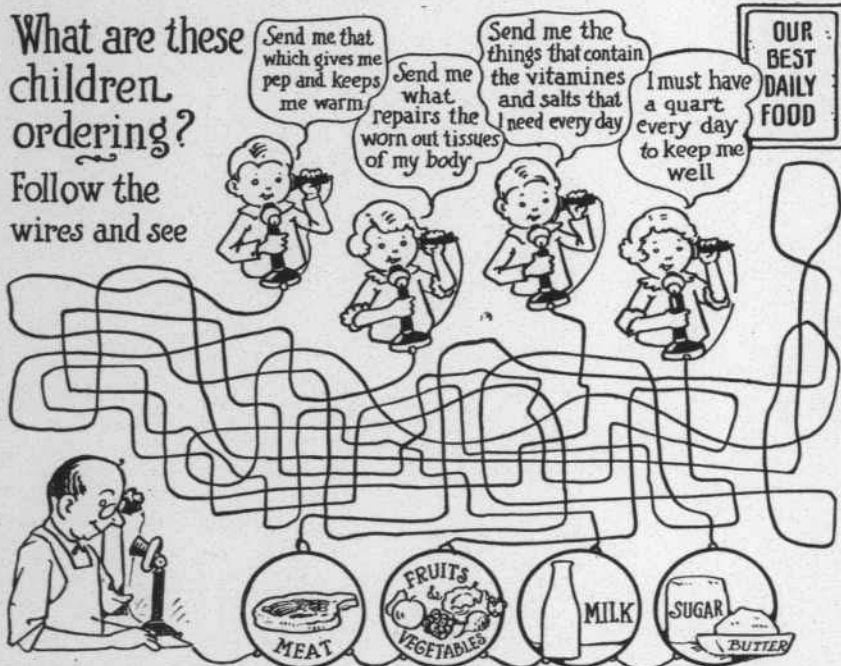
A PAGE for the CHILDREN

HEALTHY HINTS for BOYS and GIRLS.

 K helps 2 build hRd  TEA th, strong BIZ & sturD
 bodE. D  of it. Mouths were 4
 tal , Eat, & drin , 2  ID  &
 Fresh , Xerc  se, &  
 hLp 2 m  a hLthy L  e Get  of thM
 U  is good 4 everybody, outs  de &
 &  of  y k  nds.
 t  te good & m  U G  &   & 
 R 4 older folks. Cocoa is better 4  & 
 sure 2  H & good & clean  4 every 

What are these
children
ordering?

Follow the
wires and see



Boys and Girls are the strength of our country.
Let's keep our country strong.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

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Vol. 25

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No. 12

Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

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Also Executive Officer and Secretary of Board

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*Vital Statistics.....	Stewart G. Thompson, D. P. H.
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*(And Tuberculosis Clinician)

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Tallahassee.....	Mark F. Boyd, M. D. (Rockefeller Foundation)
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MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M. D. (U. S. Public Health Service)
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CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph. D. (U. S. Bureau Entomology)
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PUBLIC HEALTH ACTIVITY



In reading the Public Health Nursing Journal of September, 1933, I was impressed with Violet H. Hodgson's statements in the article "Can We Afford to Attend Meetings." In analyzing why we go to meetings, she used the meeting of the American Tuberculosis Association in Toronto as an example. She stated that

in a way she felt relieved that there was nothing startlingly new announced at the Toronto meeting. From the last page of the article in question, I quote the following: "The task of the health educator is to interpret advances in science insofar as these relate to health into usable form for lay consumption. The principal necessity for them to observe is accuracy."

Everyone is looking for something new. The scientific research worker devotes much time finding things hitherto unknown and it is proper that he should do so. In the State Board of Health, we have three divisions devoting all their time to research, seeking something new in subjects which in the past have been thought to be well known; for example, such things as malaria and mosquitoes. One hesitates to mention subjects like mosquitoes, malaria, and hookworm repeatedly, for fear of giving the impression that one doesn't know anything else or that there is no other topic which is of importance. An analysis of mortality and morbidity shows these to be the leading factors in the disabling preventable sickness in the state. It is often the case that one does not have the proper interest or the interest which the subject deserves mainly for the reason that one knows so little about it. It may be that the reason many feel they are becoming saturated or tired of hearing about these leading diseases is due to the fact that those who have talked about them have failed to make themselves clear on the subject. The conditions probably exist either because of a failure in the application of what is known of measures for their prevention or because we have as yet insufficient knowledge of the nature of these diseases for the means of control.

We have recently launched a study of the high maternal mortality in this State and its causes. The Public Health Nursing Division has for years grappled with the high maternal mortality and has accumulated much interesting information in which the midwife plays the leading role. We are now proposing to approach the problem from the medical standpoint and hope to secure the coöperation

ADMINISTRATION

of the obstetricians in this study. While it probably will be nothing new, the facts brought out may come in a new dress and at first glance it may appear that we have actually found something new, which in fact will simply be the bringing into general knowledge conditions which have prevailed for a long time.

The scope of activities of the State Board of Health is so varied and far-reaching that it is difficult to do justice in a short article or in a few moments talk. The State Board of Health at present has its Central Administrative Division under which all other departments work. They are, naming them in the order of establishment, the Department of Communicable Disease Control, which now operates as the Bureau of Communicable Diseases, but in the beginning consisted of a number of medical officers serving as county agents. Next, there was the establishment of the State Laboratory, now the Bureau of Public Health Laboratories. The first steps in establishing definite departments, or bureaus, of Vital Statistics, Sanitary Engineering, and Public Health Nursing, occurred about the same time in the years from 1914 to 1917. There have been what might be spoken of as ups and downs in the development of the State Board of Health organization, but notwithstanding occasional setbacks, there has been a continuous advance in the program of the Florida State Board of Health, keeping pace with the knowledge as it has developed in regard to the causes and spread of communicable diseases. The prevalence of common communicable diseases, such as diphtheria, typhoid, small-pox, tuberculosis, scarlet fever, measles, etc., in Florida, compares very favorably with the Registration Area as a whole. We have never had serious outbreaks of polio, meningitis, or encephalitis. We have had various flares of typhoid fever but have had no serious, widespread epidemic since 1910. Communicable diseases are gradually diminishing, due to consistent, combined, general, practical efforts of the entire State Health Department. There is very little one can credit one department over another. The work of each is as important as any link in a chain. The whole organization is only as strong as its weakest link. At the present time, our weakest link insofar as number is concerned is the Division of Public Health Nursing. Due to resignations (two of our nurses have recently married) we are at present reduced to four nurses. The quality of the work, however, of this Division is on as high plane as it has ever been and during the past summer outstanding work has been done in mapping out a program for the control of the high maternal mortality in the State. We expect to accomplish creditable results in this line under Miss Ely's immediate supervision during the next year or two. We are also hoping that we shall soon be able to double the present staff and have the Public Health Nursing Division take up its proper place as a stronger link in its chain which is the State Board of Health.

ADMINISTRATION

While there has been very little new added to the fundamentals in regard to the cause and prevention of diseases, there have been some new phases of prophylactic control. For instance, in diphtheria, through the work initiated by Haven, Director of Laboratories of the Alabama State Board of Health, we have what is known as the alum precipitated toxoid where one dose of this material is more effective in producing immunity than the previous three-dose method was. In typhoid, it is now found that one can use about one-tenth of the amount which was previously given, inoculating it intradermally somewhat in the same manner that the Schick test and the Tuberculin test are given. The incidence of typhoid over the country, however, is very low, thanks to effective sanitation and prophylactic inoculations. The opinion now seems to be that in order to bring this still lower, the greatest efforts should be directed towards the finding of the carrier. With the present general sanitation measures, it seems that typhoid can be wiped out as soon as adequate control of the carrier is established.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M.D., Director

THE INDIGENT TUBERCULAR PATIENT



Whether or not Florida will ever have a suitable place for the care of persons suffering with tuberculosis is a matter that will have to be determined by the representatives of the people assembled in our state legislature. Every year something like a thousand people die of tuberculosis in Florida; many of them succumb to the disease because of indigency and many more become indigent after the disease has advanced enough to interfere with their earning a living. An indigent consumptive, even in the early stages of the disease, is almost certainly condemned to die under present conditions. A sanitarium would enable many of them to recover their health and again become useful citizens, able to support themselves and families. There are many patients who could pay all or part of the cost of hospitalization were there an institution, public or private, in which they could be received at a moderate cost.

BUREAU OF COMMUNICABLE DISEASES

The most pitiful situation that can be imagined is frequently found or brought to the attention of the State Board of Health in the homes of indigent people where the father or mother has active tuberculosis and there are small children who cannot be properly protected from infection or nourished in such a manner that they will be able to resist the disease.

A Patient Appeals for Help

The letter below is published anonymously for obvious reasons and without the knowledge of the writer. It is typical of many letters received by the State Board of Health, and though written by a man not highly educated, it was selected because it shows a high degree of intelligence and an attitude of unselfishness seldom observed.

_____, Florida
November ___, 1933

State Board of Health,
Jacksonville, Florida.

Dear Sirs:

I am writing you for some Infermation in Regards to the matter Below. I have been in Bed since March 1st 1933 with T. B. and Dont get any Better owing to the Facts that I am not getting eats and attion I need as I have not got any means of getting it only \$2.25 that I get per week from the county. I am married have a wife and two Boys one in school But he is not strong and is liable to this dease and the Dr. told my wife that she is on the verge of it now She has lost 40 lbs. in the last six months and it is Dangerous for the Hole family to be around me and I want you to advise me at once if it is some place that the State or County can put me untill I get better. if so will you kindly advise me where is the place and the pearson name I will have to see to get there I dont think the County will do any thing. I havent got any means at all to pay for any thing and sure Hate to ask for Help. not for my self but protection of my Famly. Thanking you in advance for your advise in this matter.

Yours sincerely

(Signed)_____

BUREAU OF COMMUNICABLE DISEASES

It is by no means a pleasant task to reply to such letters, as we are compelled to do, in the following manner:

Jacksonville, Florida
November __, 1933

Mr. _____,
_____, Florida.

Dear Sir:

I am sorry indeed to advise you that the State Board of Health has no authority nor funds with which to help in a case like yours; neither does the State maintain any institution in which you could be cared for unless you should be found insane, feeble-minded or guilty of a crime. Every year we receive many letters very much like your own. Always we are compelled to advise the writers that the care of tubercular patients with limited means must rest with some official or charitable agency in the county or city in which they live.

So evident has been the need of a state tuberculosis hospital that the 1927 legislature provided for the construction and maintenance of such an institution and appropriated \$200,000.00 for the purpose. For reasons never made public, so far as I know, the money was never available. The provisions of the act were never carried out. Presumably, it was felt by those in authority that there were more important ways to use the State's funds.

There has been talk of borrowing federal funds to build a state tuberculosis hospital. Whether this could be done without violating the state constitution is a matter now under discussion. I see nothing to prevent a city or county borrowing for this purpose and it is to be hoped that some of our counties will in some way soon provide facilities for hospitalizing consumptives. A county with such facilities could receive for pay any who could pay; likewise, they could receive patients from other counties, those who are able paying their way and the county paying for the others.

Very truly yours,

(Signed) F. A. Brink, M.D.

BUREAU OF LABORATORIES

Paul Eaton, M.D., D.P.H., Director

RABIES



Health Notes has repeatedly called attention to the good results obtained by inoculating dogs against rabies. This procedure has given good results everywhere it has been used.

The largest experiment so far reported is in Japan, from whose official public health report the following note and table are abstracted.

An "antirabic week" has been instituted in Japan for the control of rabies in districts where the disease is present. During this period all dogs are registered, unclaimed dogs are destroyed, preventive inoculation is given, etc. The results appear in the table.

Years	No. of Rabid Dogs	No. of Dogs Inoculated	No. of Persons Bitten	No. of Deaths From Rabies
1921	—	—	—	54
1922	—	—	—	79
1923	2,644	116,050	—	174
1924	3,205	194,177	—	235
1925	3,036	255,097	—	143
1926	1,799	234,680	—	80
1927	986	200,032	1,446	30
1928	434	225,636	1,122	22
1929	172	145,653	5*6	12
1930	65	128,753	267	4
1931	44	—	65	—
1932	63	—	—	—

*The figure between the 5 and 6 is illegible.

If you need some practice in statistics, take pencil and paper and find out how many persons the average rabid dog bit, and what proportion of those bitten by rabid dogs died of rabies. It will be an interesting and instructive task.

BUREAU OF LABORATORIES

SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE
MONTH OF OCTOBER, 1933

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites .	2,061	1,434	697	133	165	4,490
Diphtheria.....	1,466	338	54	1,649	26	3,533
Typhoid.....	993	290	115	31	33	1,462
Malaria.....	1,015	312	89	14	330	1,760
Rabies.....	5	....	....	2	...	7
Tuberculosis.....	224	103	28	54	22	431
Gonorrhea.....	714	268	62	127	95	1,266
Kahn (Syphilis) ..	5,141	2,211	259	1,407	383	9,401
Water.....	....	73	36	330	...	439
Milk.....	288	385	102	578	51	1,404
Miscellaneous....	353	15	8	140	12	528
	<hr/> 12,260	<hr/> 5,429	<hr/> 1,450	<hr/> 4,465	<hr/> 1,117	<hr/> 24,721

Specimen containers distributed.....11,952

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin.....	10,000 units	.95 Packages
	5,000 units	25 Packages
Schick.....		6220 Tests
Toxoid.....		6836 C. C.
Toxin Antitoxin.....		443 C. C.
Typhoid Vaccine.....		4828 Treatments
Vaccine Virus.....		4322 Capillaries
Antirabic Virus.....		2 Treatments]
Tetanus Antitoxin	1,500 units	2 Packages

ALL REQUESTS FOR BIOLOGICAL PRODUCTS SHOULD
BE DIRECTED TO THE STATE LABORATORY
STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

BUREAU OF ENGINEERING**Louva G. Lenert, Director.****PRIVATE WATER SUPPLIES**

Recently, the Bureau has had occasion to make physical and bacteriological examinations of more than two hundred and fifty semi-public water supplies throughout the state, from Pensacola to Jacksonville and Fernandina to Key West. In this analysis there were found many very excellent supplies, many good, a considerable number only fair, and a few bad. This classification is made according to their bacterial or sanitary rating and has nothing to do with their mineral content. Therefore some of them may be 99.99 per cent pure and others may rate lower in their comparison to the mineral content of pure distilled water. When considering the sanitary quality of water, even an impurity of one one-hundredth of one per cent would be very bad if this impurity was of a nature which included pathogenic or disease producing bacteria; therefore, a percentage valuation cannot be made when considering the sanitary features of a water supply.

A supply is said to be good when there is no danger of disease contraction therefrom, and when it is free from taste and odors of objectionable character. A fair supply should also be free from disease producing organisms, but in some instances there are tastes and odors which make the water more or less unpalatable, though not harmful for domestic uses. A bad supply usually embraces all waters which contain harmful substances or which may be of doubtful origin. Water of even doubtful character should never be used for drinking unless it has first been boiled.

With this classification in mind, we are ready to consider why the supplies are of such different character.

Water may be of surface origin, or come from springs or wells.

Surface water is that obtained from streams, lakes, ponds, and similar bodies of water which are fed by surface drainage. Such a water usually contains the washings from many polluted areas and should never be used for domestic water supplies until it has been shown to be free from danger.

Spring supplies are commonly considered as the height of perfection in a drinking water supply. This belief is shown by the claims of the owners who are usually loud in their praises of their "pure spring water." While not usually of as doubtful origin as surface supplies, springs are subject to contaminating influences, and may be very bad even though they are producing a clear, sparkling water. Springs which have their source from a point under an impervious stratum may be beyond question, but it is always safest to have an analysis made to be certain that there is no doubt.

BUREAU OF ENGINEERING

Well water supplies in Florida are generally of good sanitary quality. They may be classified as dug wells, driven wells and drilled wells. Dug wells with the "old oaken bucket" are not much of a problem in this state because of the small number of people who depend on this type of well. The greatest number of private water supplies in the state are listed in the driven well class. Then there is a large number of what are known as deep wells which are drilled because they must penetrate one or more rock or other impervious strata before a water vein is encountered. In general, a surface well may include all wells which do not penetrate an impervious layer, while a deep well may be of any depth the water bearing stratum of which lies below one or more layers of impervious material.

In limestone territory where the well is drilled or dug into a water bearing pocket or stream there is some danger from pollution entering and being conducted for considerable distances underground through the cavernous channels which have been formed by constant erosion and solution of the rock through which it flows. To what distances this may be dangerous is not known, but the Bureau has knowledge of wells receiving pollution from as far as three miles. It is for this reason that extreme care is exercised in issuing permits for drainage wells which will permit the pollution of our underground water supplies. The very deep wells, many of which are flowing, are usually of very good sanitary quality, though at times the mineral content is so high that they are rendered objectionable because of extreme hardness. Where this well is found will often be found a supplementary supply being obtained from a shallow driven well for "wash water" purposes.

In sandy sections, the shallow driven wells may be of excellent quality and entirely suitable for a private supply, but an element of doubt remains in those wells driven in coral and limestone formations. These wells usually consist of a "point" made of a short section of perforated pipe covered with a gauze strainer, the bottom of which is fitted with a solid point and the upper end threaded for the addition of lengths of pipe. The well is put down by screwing a solid cap on the end of the pipe and driving with a wooden maul, additional joints usually in five-foot lengths being added as needed until the point penetrates a water bearing stratum. This may be at any distance from ten to fifty feet, the latter being considered about the limit for the driving of wells because of crushing of threads at the joints. Driven wells can obviously be used only where the water rises to a point within the suction limit of the pump.

Granted that the initial supply is of a good quality, it is most important that proper precautions be taken to keep it in that class. All wells should be protected at the point where they enter the ground by so grading the surrounding area as to insure rapid drainage of surface and waste water away from the well. Dug wells should

BUREAU OF ENGINEERING

be provided with an impervious curbing to a depth of six to eight feet below the surface and a foot or more above the surface to prevent the entrance of surface water. The surrounding area should be graded up and a concrete top placed over the whole large enough to entirely cover the curbing. The well should be equipped with a force pump and drainage away from the well provided for all waste water. Open wells equipped with bucket and chain are dangerous and should not be used.

All driven and drilled wells should be protected where the pipe enters the ground by proper mounding and a concrete apron not less than four feet in diameter. This will prevent the entrance of surface drainage. Deep wells must necessarily be provided with deep well pump heads which are usually beyond criticism. Driven wells, however, are often equipped with small suction types of pump known as the "pitcher pump" because of the similarity of the pouring lip of the pump to a pitcher. Its popularity is due principally to its cheapness and freedom from mechanical difficulties when repairs are necessary. The principal objection to this type is the fact that it often requires priming. Wherever the pitcher pump is found will usually be found a small can of water kept for priming purposes. This is ordinarily subject to pollution by birds, chickens, dogs, cats, children, or a hundred and one other sources of contamination, or when it is turned over water for priming is taken from the horse-trough, roadside ditch, swamp, or any other source which may be handy. It is commonly supposed that a generous flushing by continued pumping will remove all impurities and thereafter only "pure" water is obtained. That this is erroneous is shown by the pollution of an entire public water supply by the installation of new or second hand water mains without proper sterilization being carried out before the section is placed in regular service. The dangers of the pitcher pump can be avoided by replacing it with a self-priming pump head. These may be obtained at a nominal cost and are much more satisfactory when once placed in service.

Storage tanks of the pressure type are commonly used on water systems when electric or gasoline power is used for pumping, but sometimes elevated tanks are used because of their greater capacities. Tanks should be covered to prevent their pollution by birds, and openings should be screened to prevent the entrance of mosquitoes and other insects. Roaches often use the upper sections of tanks for their homes and none of us relish the idea of using water which has been a swimming hole for roaches or other insects.

When in doubt as to the quality or safety of his water supply, any citizen of the State is at liberty to request an analysis of his supply, and is invited to request sterile bottles for sending samples for bacterial examination. Such an analysis is made free of charge, the only expense being the transportation cost of the shipment to the laboratory.

BUREAU OF VITAL STATISTICS
Stewart G. Thompson, D.P.H., Director

TUBERCULOSIS MORTALITY



In the United States Registration Area, the rate for 1932 from tuberculosis (all forms) was 63.0. For 1931, the rate was 68.4 and for the year 1930, the rate was 71.7. It will be noted that in the United States, there has been a decided decrease in the number of deaths charged to tuberculosis.

The tuberculosis death rate in Florida for 1932 was 71.5 as compared with a rate of 70.8 for the previous year. The Florida tuberculosis death rates are the reverse of those in the United States Registration Area in that there has been an increase rather than a decrease. By observing the table below, it will be noted that the rate among the whites in Florida has decreased each year for the last three years with an unusual drop in 1932 as compared with 1931. The white rate in Florida for 1932 was 36.5 as compared with 40.1 for the previous year. Among the colored population, however, the rate has increased in Florida as follows: For the year 1930, the rate was 134.0; for 1931, it was 144.8, and for 1932, there was a rise to 156.2. While the tuberculosis rates among the white population in Florida for the past three years appeared to follow about the same downward trend as that of the United States as a whole, there was a decided increase in the number of deaths from tuberculosis among the colored people of the State. This increase was of sufficient magnitude to affect the combined State rate from this cause to such an extent that the State rate shows an increase in spite of the fact that there was a decrease among the whites.

**Deaths from Tuberculosis (all forms) and Death Rates per 100,000
 Population by Color—Florida, 1927-1932**

YEARS	TOTAL		WHITE		COLORED	
	Tuberculosis Deaths	Rates per 100,000	Tuberculosis Deaths	Rates per 100,000	Tuberculosis Deaths	Rates per 100,000
1932	1,093	71.5	395	36.5	698	156.2
1931	1,067	70.8	427	40.1	640	144.8
1930	1,015	68.6	432	41.3	583	134.0
1929	1,014	70.8	416	41.3	598	140.6
1928	1,102	79.7	481	49.7	621	149.5
1927	1,097	82.2	463	49.8	634	156.4

BUREAU OF VITAL STATISTICS

Deaths from Tuberculosis (all forms) and Death Rates Per 100,000
Population by Color and by Counties, 1932

Counties	TOTAL		WHITE		COLORED	
	Deaths	Rates per 100,000	Deaths	Rates per 100,000	Deaths	Rates per 100,000
0. State	1093	71.5	395	36.5	698	156.2
1. Alachua.....	26	72.6	10	50.3	16	100.6
2. Baker.....	4	62.5	0	....	4	222.2
3. Bay.....	4	32.8	2	22.0	2	64.5
4. Bradford.....	1	10.1	0	....	1	34.5
5. Brevard.....	6	42.0	1	10.3	5	108.7
6. Broward.....	18	76.9	5	32.3	13	164.6
7. Calhoun.....	0	....	0	....	0	....
55. Charlotte.....	1	23.3	1	28.6	0	....
8. Citrus.....	2	35.7	1	25.6	1	58.8
9. Clay.....	4	56.3	0	....	4	235.3
62. Collier.....	1	30.3	0	....	1	100.0
10. Columbia.....	10	68.0	4	43.5	6	109.1
11. Dade.....	121	73.4	60	45.8	61	180.5
12. DeSoto.....	7	89.7	4	63.5	3	200.0
56. Dixie.....	3	40.5	2	52.6	1	27.8
13. Duval.....	205	124.5	43	39.1	162	296.2
14. Escambia.....	40	73.4	15	36.8	25	182.5
53. Flagler.....	3	120.0	2	125.0	1	111.1
15. Franklin.....	4	61.5	0	....	4	160.0
16. Gadsden*.....	58	185.3	14	101.4	44	251.4
64. Gilchrist.....	1	23.8	1	27.8	0	....
57. Glades.....	0	....	0	....	0	....
65. Gulf.....	0	....	0	....	0	....
17. Hamilton.....	5	52.9	0	....	5	132.3
58. Hardee.....	4	38.1	2	20.6	2	250.0
63. Hendry.....	0	....	0	....	0	....
18. Hernando.....	2	40.0	1	27.8	1	71.4
59. Highlands.....	14	133.3	6	81.1	8	258.1
19. Hillsboro.....	116	69.1	56	41.1	60	189.3
20. Holmes.....	1	7.8	0	....	1	333.3
66. Indian River.....	6	81.1	3	56.6	3	142.9
21. Jackson.....	22	68.5	9	45.7	13	104.8

*State Hospital Inmates Included.

BUREAU OF VITAL STATISTICS

Deaths from Tuberculosis (all forms) and Death Rates Per 100,000
Population by Color and by Counties, 1932—(Continued)

Counties	TOTAL		WHITE		COLORED	
	Deaths	Rates per 100,000	Deaths	Rates per 100,000	Deaths	Rates per 100,000
22. Jefferson.....	5	37.3	0	.....	5	54.8
23. Lafayette.....	1	22.7	0	.....	1	142.9
24. Lake.....	16	63.0	8	43.5	8	114.3
25. Lee.....	8	47.9	0	.....	8	195.1
26. Leon.....	10	40.5	1	9.5	9	63.4
27. Levy.....	8	61.5	1	12.3	7	142.9
28. Liberty.....	0	.....	0	.....	0	.....
29. Madison.....	12	76.9	2	27.0	10	121.9
30. Manatee.....	16	66.1	6	35.5	10	137.0
31. Marion.....	15	48.7	6	37.7	9	60.4
67. Martin.....	0	.....	0	.....	0	.....
32. Monroe.....	18	132.1	12	107.8	6	240.5
33. Nassau.....	6	64.0	3	54.7	3	77.2
34. Okaloosa.....	4	40.0	2	21.7	2	250.0
54. Okeechobee.....	0	.....	0	.....	0	.....
35. Orange.....	36	63.9	12	28.2	24	175.2
36. Osceola.....	4	34.8	2	25.3	2	55.6
37. Palm Beach.....	32	53.8	9	22.4	23	118.6
38. Pasco.....	5	45.5	3	32.3	2	117.6
39. Pinellas.....	29	41.7	19	33.2	10	80.6
40. Polk.....	45	56.5	16	25.7	29	165.7
41. Putnam.....	16	84.7	7	64.8	9	111.1
42. St. Johns.....	17	85.4	5	39.1	12	169.0
43. St. Lucie.....	4	51.3	1	17.5	3	142.9
44. Santa Rosa.....	5	35.2	3	24.8	2	95.2
60. Sarasota.....	10	69.9	3	26.8	7	225.8
45. Seminole.....	18	88.2	6	53.1	12	131.9
46. Sumter.....	4	35.4	2	25.6	2	57.1
47. Suwannee.....	6	38.1	2	19.2	4	75.0
48. Taylor.....	5	36.8	1	11.8	4	78.4
61. Union.....	11	139.2	2	41.7	9	290.3
49. Volusia.....	31	66.0	17	50.7	14	103.7
50. Wakulla.....	2	36.4	0	.....	2	90.9
51. Walton.....	4	26.5	2	16.3	2	71.4
52. Washington.....	1	8.1	0	.....	1	40.0



"Tom & Co."

YOU know them. They live in your town. Their prospects are brighter now, but the experience they have been through has left its mark in a way they may not suspect—tuberculosis is always "around the corner" for people who undergo hardship.

Help your local tuberculosis association protect them. Christmas Seals finance a nation-wide program of free clinics, tuberculin testing, X-rays, nursing service, education, and other activities.



The National, State and Local Tuberculosis Associations of the United States

Buy CHRISTMAS SEALS

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